


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 25, 2008 8:00 am**  
**Secretary of State**

06-25-2008 90052 016 \*\*\*138.75

<b>DOCUMENT # L05000011407</b>	
1. Entity Name <b>FRIENDS-N-FAMILY, LLC</b>	

Principal Place of Business <b>13801-B S. TAMiami TRAIL NORTH PORT, FL 34287</b>	Mailing Address <b>13801-B S. TAMiami TRAIL NORTH PORT, FL 34287</b>
---	---


2. Principal Place of Business - No P.O. Box # <b>13970 Royal Pointe Dr</b>	3. Mailing Address Suite, Apt. #, etc. <b>13970 Royal Pointe Dr</b>
City & State <b>Port Charlotte FL</b>	City & State <b>Port Charlotte FL</b>
Zip <b>33953</b>	Zip <b>33953</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>AMBERG, DAVID A 13801-B S. TAMiami TRAIL NORTH PORT, FL 34287</b>	
7. Name and Address of New Registered Agent Name <b>Amberg, David A</b> Street Address (P.O. Box Number is Not Acceptable) <b>13970 Royal Pointe Dr</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33953</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>6/18/08</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
--	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMBERG, DAVID A 13801-B S. TAMiami TRAIL NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMBERG, PATRICIA 13801-B S. TAMiami TRAIL NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVOS, ALAN 13801-B S. TAMiami TRAIL NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVOS, SARA 13801-B S. TAMiami TRAIL NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	Date <b>6/18/08</b> Daytime Phone # <b>941-629-3050</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	

**50007459**



06182008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2293394</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------