

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000012761

1. Entity Name
NO FEATHERS LLC



Principal Place of Business
962 SW SAINT LUCIE WEST BLVD
PORT ST LUCIE, FL 34986

Mailing Address
962 SW SAINT LUCIE WEST BLVD
PORT ST LUCIE, FL 34986

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4591598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIANCO, EDWARD
870 SW ST. LUCIE WEST BOULEVARD, SUITE 7,8
PORT ST. LUCIE, FL 34986

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------|
| TITLE | MGRM. |
| NAME | BIANCO, EDWARD |
| STREET ADDRESS | 371 SW UNDALLO RD |
| CITY-ST-ZIP | PORT ST. LUCIE, FL 34953 |

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U000000954697
07/14/08-80010-019 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-10-08

Date

Daytime Phone #