

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019499

Entity Name: FRIENDSHIP FERNERIES, LLC

FILED
Jun 08, 2008
Secretary of State

Current Principal Place of Business:

483 NORTH BEACH STREET
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

483 NORTH BEACH STREET
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-2397535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GLOVER, PETER M
483 NORTH BEACH STREET
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GLOVER, PETER M
Address: 483 NORTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: FERGUSON, RAYMOND
Address: 1286 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER M. GLOVER

MGRM

06/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date