

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000022867

1. Entity Name
FORMOSE ENTERPRISES, LLC



Principal Place of Business

3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685 US

Mailing Address

3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685 US



02122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2458546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT F. DIMARCO, C.P.A. PA
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PHILLIPS, DENNIS
STREET ADDRESS 3444 EAST LAKE ROAD SUITE 412
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE MGRM
NAME DIMARCO, ROBERT F
STREET ADDRESS 3444 EAST LAKE ROAD SUITE 412
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE MGRM
NAME ZEENA, ROBERT
STREET ADDRESS 3444 EAST LAKE ROAD SUITE 412
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE MGRM
NAME HINES, BRIAN
STREET ADDRESS 3444 EAST LAKE ROAD SUITE 412
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE MGRM
NAME COHEN, STUART
STREET ADDRESS 3444 EAST LAKE ROAD SUITE 412
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE MGRM
NAME ZEENA, TIMOTHY
STREET ADDRESS 3444 EAST LAKE ROAD
CITY-ST-ZIP PALM HARBOR, FL 34685

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02/23/07-80028-004 150.00

**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

Date

Daytime Phone #

2-12-07 727-784-5890