

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 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**



01162008 No Chg-LLC

CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR PHILLIPS, DENNIS 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM DIMARCO, ROBERT F 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ZEENA, ROBERT 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HINES, BRIAN 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ZEENA, TIMOTHY 3444 EAST LAKE ROAD PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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01/24/08-80039-010 150.00

**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 #