

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024824

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: ANTHONY S. FLETCHER "LLC"

**Current Principal Place of Business:**

3693 LANDERS ST.  
BIG PINE KEY, FL 33043 US

**New Principal Place of Business:**

**Current Mailing Address:**

3693 LANDERS ST.  
BIG PINE KEY, FL 33043 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLETCHER, ANTHONY S  
3693 LANDERS ST.  
BIG PINE KEY, FL 33043 US

**Name and Address of New Registered Agent:**

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: P ( ) Delete  
Name: FLETCHER, ANTHONY  
Address: 3693 LANDERS ST.  
City-St-Zip: BIG PINE KEY, FL 33043

Title: T ( ) Delete  
Name: FLETCHER, MARILYN  
Address: 3693 LANDERS ST.  
City-St-Zip: BIG PINE KEY, FL 3304

Title: S ( ) Delete  
Name: FLETCHER, JESSICA  
Address: 3693  
City-St-Zip: BIG PINE KEY, FL 33043

**ADDITIONS/CHANGES:**

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

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

Title: S (X) Change ( ) Addition  
Name: FLETCHER, JESSICA  
Address: 3693 LANDERS ST.  
City-St-Zip: BIG PINE KEY, FL 33043

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: ANTHONY S. FLETCHER

P

01/08/2008

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