

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028296

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: FOLLOVER LLC

**Current Principal Place of Business:**

360 TANGERINE AVENUE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 541425  
MERRITT ISLAND, FL 32954

**New Mailing Address:**

FEI Number: 20-2593696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOVER, GARY  
360 TANGERINE AVENUE  
MERRITT ISLAND, FL 32953 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: MGRM ( ) Delete  
Name: DOVER, GARY  
Address: 4750 PAWNEE TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM ( ) Delete  
Name: FOLLWEILER, OLIVER W III  
Address: 30 YAWL DRIVE  
City-St-Zip: COCOA BEACH, FL 32931

**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: GARY DOVER, CPA

MGRM

01/07/2008

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