

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000030931

1. Entity Name
F & P, LLC



Principal Place of Business

ATTN: PAUL & FRANCES SENORY
1611 ALLISON WOODS LANE
TAMPA, FL 33619-7873

Mailing Address

ATTN: PAUL & FRANCES SENORY
1611 ALLISON WOODS LANE
TAMPA, FL 33619-7873



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2984630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SENORY, PAUL W
1611 ALLISON WOODS LANE
TAMPA, FL 33619

**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	MGRM
NAME	SENORY, PAUL W
STREET ADDRESS	1611 ALLISON WOODS LANE
CITY-ST-ZIP	TAMPA, FL 336197873
TITLE	MGRM
NAME	SENORY, FRANCES F
STREET ADDRESS	1611 ALLISON WOODS LANE
CITY-ST-ZIP	TAMPA, FL 336197873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-80053-004 50.00

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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: *Frances A. Senory* FRANCES A. SENORY 1/29/07 813-626-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #