

# LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90022 037 \*\*\*138.75

DOCUMENT # 1. Entity Name <i>LO5000034276</i> <i>Flabflo, LLC</i>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box # <i>485 Kennedy</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Cheektown, Ga</i>	City & State
Zip <i>14227</i>	Country <i>Eric</i>
Zip <i>14227</i>	Country

**60003238**

CR2E083B (12/07)

6. <b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <i>20-2637250</i>		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
7. Name and Address of Current Registered Agent			
Name <i>James Barrow - PLLC</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>471 Mariner Blvd.</i>			
City <i>Spring Hill</i>		FL	Zip Code <i>34609</i>

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
<p><b>January 1 - May 1 Fee is \$138.75</b>  <b>After May 1, Fee is \$538.75</b>  <b>Amended AR is \$50.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM John Militello 15 Haviland Lane Getzville, N.Y. 14086</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM Fred Hanania 300 Ohio Street Buffalo, U.Y. 14204</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. <b>DO NOT WRITE IN THIS SPACE</b>
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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: <i>[Signature]</i>	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		