

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000036089**

1. Entity Name  
**LEFTY, L.L.C.**



Principal Place of Business  
**2 CREEK COURT  
PALM COAST, FL 32137**

Mailing Address  
**2 CREEK COURT  
PALM COAST, FL 32137**



01142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**87-0743433**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHIUMENTO, MICHAEL D III  
4 OLD KINGS ROAD NORTH, STE. B  
PALM COAST, FL 32137**

**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- ST- ZIP	MGRM HEARTT, ROBERT J 11 FOLCROFT LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GULLIKSON, THOMAS R 2 CREEK COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KLEINFELDER, FREDERICK A III 87 WESTCHESTER LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000786750  
01/17/08-80053-011 138.75

**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

**ROBERT J. HEARTT**

Date

**1/14/08 386-446-9574**

Daytime Phone #