

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000041164

1. Entity Name
FISCHER ENTERPRISES, LLC



Principal Place of Business
**4057 N.E. 5TH TERRACE
OAKLAND PARK, FL 33334**

Mailing Address
**4057 N.E. 5TH TERRACE
OAKLAND PARK, FL 33334**



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1907121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISCHER, CHARLES W JR
4057 N.E. 5TH TERRACE
OAKLAND PARK, FL 33334**

**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

Charles W. Fischer Jr. (Charles W. Fischer Jr.) / 1/3/08
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
FISCHER, CHARLES W SR
4057 N.E. 5TH TERRACE
OAKLAND PARK, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FISCHER, CHARLES W JR
4057 N.E. 5TH TERRACE
OAKLAND PARK, FL 33334**

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CITY-ST-ZIP

U000000775441
01/08/08-90030-009 138.75

**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:

Charles W. Fischer Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #