

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041816

Entity Name: FORTUNA, LLC

FILED
Feb 15, 2009
Secretary of State

Current Principal Place of Business:

9418 SHARON STREET
HOBE SOUND, FL 334556833

New Principal Place of Business:

353 S US ONE
APT D208
JUPITER, FL 33477

Current Mailing Address:

9418 SHARON STREET
HOBE SOUND, FL 334556833

New Mailing Address:

353 S US ONE
APT D208
JUPITER, FL 33477

FEI Number: 20-2964498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELLS, BARBARA
353 S. US ONE, APT D208
JUPITER, FL 33477 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: WELLS, JERRY
Address: 24 STORMY VIEW ROAD
City-St-Zip: ITHACA, NY 14850

Title: MGRM () Delete
Name: WELLS, BARBARA
Address: 24 STORMY VIEW ROAD
City-St-Zip: ITHACA, NY 14850

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELLS, JERRY
Address: 353 S US ONE, APT D208
City-St-Zip: JUPITER, FL 33477

Title: MGRM (X) Change () Addition
Name: WELLS, BARBARA
Address: 353 S US ONE, APT D208
City-St-Zip: JUPITER, FL 33477

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: BARBARA WELLS

MS.

02/15/2009

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