

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90143 044 ****55.00

DOCUMENT # L05000045554

1. Entity Name
F AND M ENTERPRISES LLC



Principal Place of Business
**7009 CR 249
LIVE OAK, FL 32060**

Mailing Address
**7009 CR 249
LIVE OAK, FL 32060**

60009131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
27-0124037

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELKNOR, ELOUISE M
7009 CR 249
LIVE OAK, FL 32060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **FELKNOR, RYAN Y**
STREET ADDRESS **24701 NW 32ND AVENUE**
CITY-ST-ZIP **NEWBERRY, FL 32669**

TITLE **MGR** ☐ Change ☐ Addition
NAME **FELKNOR, RYAN T.**
STREET ADDRESS **24701 NW 32nd AVE.**
CITY-ST-ZIP **NEWBERRY, FL 32669**

TITLE **MGR** ☐ Delete
NAME **FELKNOR, THOMAS R**
STREET ADDRESS **7009 CR 249**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **FELKNOR, ELOUISE M**
STREET ADDRESS **7009 CR 249**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **MYERS, JERRY L**
STREET ADDRESS **25417 NORTH IRISH RIDGE ROAD**
CITY-ST-ZIP **BOSCOBEL, WI 53805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **MYERS, STEVEN H**
STREET ADDRESS **19403 SW 15TH AVENUE**
CITY-ST-ZIP **NEWBERRY, FL 32669**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Elouise M Felknor*

2-10-06 386-364-4152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #