

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # L05000058343

1. Entity Name
DANFORTH'S R US LLC



Principal Place of Business

**12500 91ST STREET
FELLSMERE, FL 32948 US**

Mailing Address

**12500 91ST STREET
FELLSMERE, FL 32948 US**



08152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2983554

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STETSON, SUSAN B
12500 91ST STREET
FELLSMERE, FL 32948**

**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

Susan Stetson
Signature, typed or printed name of registered agent and title if applicable.

Susan Stetson

(NOTE: Registered Agent signature required when reinstating)

8/15/07

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STETSON, SUSAN
12500 91ST STREET
FELLSMERE, FL 32948**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DANFORTH, DEBBIE
9400 N US HWY 1 APT 402
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRAHAM, PAULA
981 N MAIN STREET
LACONIA, NH 03246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THORNSBURY, SHERRY
558 LAYPORT DR
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000772279
08/17/07-80006-017 55.00

**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:

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

8/15/07

Date

772-571-1491

Daytime Phone #