

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000058343</b>	
1. Entity Name <b>DANFORTH'S R US LLC</b>	

**FILED**  
**Aug 21, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>12500 91ST STREET FELLSMERE, FL 32948 US</b>	Mailing Address <b>12500 91ST STREET FELLSMERE, FL 32948 US</b>
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06242008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2983554</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>STETSON, SUSAN B 12500 91ST STREET FELLSMERE, FL 32948</b>	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. **000000958124 08/21/08-80004-015 138.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STETSON, SUSAN 12500 91ST STREET FELLSMERE, FL 32948</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DANFORTH, DEBBIE 9400 N US HWY 1 APT 402 SEBASTIAN, FL 32958</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GRAHAM, PAULA 981 N MAIN STREET LACONIA, NH 03246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THORNSBURY, SHERRY 558 LAYPORT DR SEBASTIAN, FL 32958</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* **6/24/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #