

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000058343

1. Entity Name  
DANFORTHS R US LLC



Principal Place of Business  
12500 91ST STREET  
FELLSMERE, FL 32948 US

Mailing Address  
12500 91ST STREET  
FELLSMERE, FL 32948 US

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



06242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2983554	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**

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 \_\_\_\_\_

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**  
**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	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	

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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:** \_\_\_\_\_

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

6/24/08

Date

Daytime Phone #