

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000073175**

1. Entity Name  
FRAN'S HOUSE TOO, LLC



Principal Place of Business  
ONE OSPREY LANE  
KEY LARGO, FL 33037

Mailing Address  
ONE OSPREY LANE  
KEY LARGO, FL 33037



02292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3248691

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TERWILLIGER, J. RONALD  
ONE PSPREY LANE  
KEY LARGO, FL 33037

**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**  
**After May 1, 2008 Fee will be \$538.75**

000000907388  
05/05/08-80036-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	TERWILLIGER, J. RONALD
STREET ADDRESS	ONE OSPREY LN
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	MGR
NAME	TERWILLIGER, FRAN
STREET ADDRESS	ONE OSPREY LN
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

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

4-14-08

Date

770-801-1600

Daytime Phone #