

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

\$ 50.00

FILED

07 JAN 12 AM 9:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L05000077671

**1. Entity Name
FLT, LLC**



**Principal Place of Business
1521 SW 57TH ST
CAPE CORAL, FL 33914**

**Mailing Address
1521 SW 57TH ST
CAPE CORAL, FL 33914**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
13-4303895**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FULMER, TRACEY R
1521 SW 57TH ST
CAPE CORAL, FL 33914**

**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 renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**600085633346
01/23/07--01003--010 **172.50**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FULMER, TRACEY R
1521 SW 57TH ST
CAPE CORAL, FL 33914**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FULMER, RANDY A
1521 SW 57TH ST
CAPE CORAL, FL 33914**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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

Date

Daytime Phone #

1-9-7

239-549-2300