

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90025 013 ***138.75

DOCUMENT # L05000093333

1. Entity Name
O'SHAUGHNESSY FAMILY TRUST, LLC



Principal Place of Business
201 WEST CANTON AVE., SUITE B
WINTER PARK, FL 32789

Mailing Address
P.O. BOX 190
WINTER PARK, FL 32790



02082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3521869

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'SHAUGHNESSY, THOMAS M
201 WEST CANTON AVE., SUITE B
WINTER PARK, FL 32789

**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

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|-------------------------------|
| TITLE | MGR |
| NAME | O'SHAUGHNESSY, THOMAS M |
| STREET ADDRESS | 201 WEST CANTON AVE., SUITE B |
| CITY - ST - ZIP | WINTER PARK, FL 32789 |
| TITLE | VP |
| NAME | LESLIE WINDHAM O'SHAUGHNESSY |
| STREET ADDRESS | 201 W. CANTON B |
| CITY - ST - ZIP | WINTER PARK, FL 32789 |
| 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 #