

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000096665

1. Entity Name
FRIDOVICH HOLDINGS II, LLC



Principal Place of Business
2600 SOUTH FLORIDA AVENUE
SUITE 100
LAKELAND, FL 33803 US

Mailing Address
2600 SOUTH FLORIDA AVENUE
SUITE 100
LAKELAND, FL 33803 US



04142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3554115

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIDOVICH, ANTHONY S
2600 S FLORIDA AVE
LAKELAND, FL 33803

**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

U000000902074
04/29/08-80095-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FRIDOVICH, ANTHONY S
STREET ADDRESS 2600 SOUTH FLORIDA AVENUE, SUITE 100
CITY-ST-ZIP LAKELAND, FL 33803

TITLE MGRM
NAME FRIDOVICH, MELODIE K
STREET ADDRESS 2600 SOUTH FLORIDA AVENUE, SUITE 100
CITY-ST-ZIP LAKELAND, FL 33803

TITLE
NAME
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CITY-ST-ZIP

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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: Anthony S. Fridovich

04-15-08

863 680 3322

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

Date

Daytime Phone #