2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000103845

1. Entity Name
FURLO, BOSS, VALDES INVESTMENTS, LLC

Principal Place of Business	Mailing Address
PO BOX 185 O'BRIEN, FL 32071	PO BOX 185 O'BRIEN, FL 32071

03112008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3713465
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FURLO, KATHY
10796 BRANTLEY ROAD
O'BRIEN, FL 32071

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	FURLO, WILLIAM T
STREET ADDRESS	PO BOX 185
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	MGR
NAME	FURLO, KATHY
STREET ADDRESS	PO BOX 185
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	MGRM
NAME	BOSS, THOMAS
STREET ADDRESS	PO BOX 185
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	MGRM
NAME	BOSS, AMBER
STREET ADDRESS	PO BOX 185
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	MGRM
NAME	VALDES, OSCAR
STREET ADDRESS	PO BOX 185
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	MGRM
NAME	VALDES, JENNIE
STREET ADDRESS	PO BOX 185
CITY-ST-ZIP	O'BRIEN, FL 32071

U00000861680
04/03/08-80018-014 138.75

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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: Kathy Furlo Kathy Furlo March 13, 2008 (386) 935-0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #