

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90232 009 ***138.75

DOCUMENT # L05000105265

1. Entity Name
FLAIR ONE, LLC



Principal Place of Business
**5802A EAST FOWLER AVENUE
SUITE 121
TEMPLE TERRACE, FL 33617**

Mailing Address
**5802A EAST FOWLER AVENUE
SUITE 121
TEMPLE TERRACE, FL 33617**



02222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2539836

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANIGAN, DAVID C JD, LLM
DAVID LANIGAN P.A.
10927 NORTH 56TH STREET
TAMPA, FL 33617-3000**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WILLIAMS, WALTER F
5903 SOARING AVENUE
TEMPLE TERRACE, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WILLIAMS, WALLACE F
11404 TULLAMORE PLACE
TEMPLE TERRACE, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WILLIAMS, MARLENE M
11404 TULLAMORE PLACE
TEMPLE TERRACE, FL 33617**

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 #

4/7/08