

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000106574

1. Entity Name
FLCA, LLC



Principal Place of Business

1617 S. LAKEVIEW TERRACE
SEBRING, FL 33870 US

Mailing Address

1617 S. LAKEVIEW TERRACE
SEBRING, FL 33870 US

FILED
Jan 23, 2007 08:00 AM
Secretary of State



01062007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-4051504

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F
129 S. COMMERCE AVENUE
SEBRING, FL 33870

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GIROUX, PAUL E
1617 S. LAKEVIEW TERRACE
SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GIROUX, MARILYN J
1617 S. LAKEVIEW TERRACE
SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/25/07-80031-014 50.00

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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: *Paul E. Giroux*

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

Date

Daytime Phone #

1/22/07 863-835-0470