

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000110565

FILED
Sep 06, 2006
Secretary of State**Entity Name:** F.F.I.T.S. LLC**Current Principal Place of Business:**1148 W PAGE DR
DELTONA, FL 32725**New Principal Place of Business:****Current Mailing Address:**1148 W PAGE DR
DELTONA, FL 32725**New Mailing Address:****FEI Number:** 13-4315457**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SEAGLE, CHRIS
1148 W PAGE DR
DELTONA, FL 32725 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: SEAGLE, CHRIS
Address: 1148 W PAGE DR
City-St-Zip: DELTONA, FL 32725**Title:** MGRM () Delete
Name: MCGALLIARD, TARA
Address: 1148 W PAGE DR
City-St-Zip: DELTONA, FL 32725**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRIS SEAGLE

MR.

09/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date