

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111160

Entity Name: FABRICORE FLORIDA, LLC

FILED  
Mar 12, 2008  
Secretary of State

**Current Principal Place of Business:**

880 TILDENVILLE SCHOOL ROAD  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

921 W OAKLAND AVE  
OAKLAND, FL 34760

**Current Mailing Address:**

P. O. BOX 873665  
WINTER HAVEN, FL 34778

**New Mailing Address:**

P. O. BOX 784207  
WINTER GARDEN, FL 34778

FEI Number: 20-3811073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CRAMER, CHARLES W  
1411 EDGEWATER DRIVE  
SUITE 200  
ORLANDO, FL 32804 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: GRIMES, SAUL P  
Address: 880 TILDENVILLE SCHOOL ROAD  
City-St-Zip: WINTER HAVEN, FL 34787

Title: MGRM ( ) Delete  
Name: GRIMES, ANN M  
Address: 880 TILDENVILLE SCHOOL ROAD  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GRIMES, SAUL P  
Address: 880 TILDENVILLE SCHOOL ROAD  
City-St-Zip: WINTER GARDEN, FL 34787

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SAUL GRIMES

MGR

03/12/2008

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