

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L0500Q114241**

1. Entity Name

**FREE MONEY PUBLICATIONS, LLC**



Principal Place of Business

**7007 SHRIMP ROAD  
#30  
KEY WEST, FL 33040**

Mailing Address

**P.O. BOX 1686  
KEY WEST, FL 33041**



04282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**74-3154521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAPSER, WAYNE ESQ.  
302 SOUTHARD STREET  
SUITE 204  
KEY WEST, FL 33040**

**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**

U00000936834  
05/27/08-80025-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CLARK, JAMES
STREET ADDRESS	PO BOX 1686
CITY-ST-ZIP	KEY WEST, FL 33041

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 #

**JAMES R. CLARK**

**04/28/08**

**305-509-2374**