## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000121096** 

1. Entity Name FLOWER POWER, LLC

FILED Jan 10, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

13232 PALMER'S CREEK TERRACE Bradenton, FL 34202 13232 PALMER'S CREEK TERRACE BRADENTON, FL 34202



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ESQ. 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237

## 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 tate 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

U00000778421 01/10/08-80047-015 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLOWERS, WALTER C 13232 PALMER'S CREEK TERRACE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLOWERS, JOAN E 13232 PALMER'S CREEK TERRACE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-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 eath; that I am a managing member or manager of the limited liability company or the receiver or truster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF BIGING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAN E. FLAWERS

1/7/08 941-907-2133

Daytme Phone