

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L06000000286

1. Entity Name  
SCHUFAM COMPANY OF FLORIDA, LLC



Principal Place of Business  
18445 S.E. LAKESIDE DRIVE  
TEQUESTA, FL 33469

Mailing Address  
18445 S.E. LAKESIDE DRIVE  
TEQUESTA, FL 33469



02072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4327487

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHUMER SCOTT, JEANNE  
18445 S.E. LAKESIDE DRIVE  
TEQUESTA, FL 33469

**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**

U00000696864  
04/18/07-80016-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SCHUMER, JOSEPH  
4469 EAST MILLBROOK ROAD  
MT. PLEASANT, MI 48858

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SCHUMER, BRADLEY T  
8616 FOUR SEASONS TRAIL  
POLAND, OH 44514

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SCHUMER, JOHN R  
2560 CHAPEL DRIVE  
BEAVER, PA 15009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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 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 #

4-3-07

989 560-5656