


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90251 014 ****50.00

DOCUMENT # L06000009882					
1. Entity Name SIGNATURE F 100, L.L.C.					
Principal Place of Business 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US			Mailing Address 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US		
2. Principal Place of Business - No P.O. Box # 8200 113th STREET		3. Mailing Address 8200 113th STREET			
Suite, Apt. #, etc. SUITE #103		Suite, Apt. #, etc. SUITE #103			
City & State SEMINOLE, FL		City & State SEMINOLE, FL			
Zip 33772		Country FLORIDA		Zip 33772	
Country FLORIDA		Country FLORIDA			
6. Name and Address of Current Registered Agent BARTHOLMEY, SCOTT 8666 SEMINOLE BLVD. SEMINOLE, FL 33772			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8200 113th STREET SUITE #103 City SEMINOLE FL Zip Code 33772		
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 <u>SCOTT BARTHOLMEY</u> <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARTHOLMEY, SCOTT 8666 SEMINOLE BLVD. SEMINOLE, FL 33772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8200 113th STREET SUITE #103 SEMINOLE, FL. 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCARR, BARRY 8229 113th STREET NORTH SEMINOLE, FL 33772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8200 113th STREET SUITE #103 SEMINOLE, FL. 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>SCOTT BARTHOLMEY</u> <u>4/30/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60047787



04012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4191169
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

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