

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90128 035 ***138.75

DOCUMENT # L06000009882

1. Entity Name
SIGNATURE F 100, L.L.C.



Principal Place of Business
8200 113TH STREET STE 103
SEMINOLE, FL 33772 US

Mailing Address
8200 113TH STREET STE 103
SEMINOLE, FL 33772 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4191169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTHOLMEY, SCOTT
8200 113TH STREET STE 103
SEMINOLE, FL 33772

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ~~BARTHOLMEY, SCOTT~~
STREET ADDRESS 8200 113TH ST STE 103
CITY-ST-ZIP SEMINOLE, FL 33772 ☐ Delete

TITLE
NAME BARSA ENTERPRISES LLC ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME ~~SCARR, BARRY~~
STREET ADDRESS 8200 113TH ST STE 103
CITY-ST-ZIP SEMINOLE, FL 33772 ☐ Delete

TITLE
NAME SLARR INVESTMENTS LLC ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/6/08