2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 06, 2008 08:00 AM **DOCUMENT # L06000015317 Secretary of State** 1. Entity Name F & S HOLDINGS, LLC Principal Place of Business Mailing Address 9423 WHISPER RIDGE TRAIL 9423 WHISPER RIDGE TRAIL WEEKI WACHEE, FL 34613 WEEKI WACHEE, FL 34613 CR2E083 (12/07) 01102008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4300002 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENOS, FRANK DO NOT WRITE 9423 WHISPER RIDGE TRAIL WEEKI WACHEE, FL 34613 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ENOS, FRANK NAME 9423 WHISPER RIDGE TRAIL STREET ADDRESS WEEKI WACHEE, FL 34613 CITY-ST-ZIP TITLE NAME ENOS, SHARON U00000817798 02/15/08-80018-004 138.75 STREET ADDRESS 9423 WHISPER RIDGE TRAIL WEEKI WACHEE, FL 34613 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(352) 596-4091

Daytime Pt

FILED