

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015317

Entity Name: F & S HOLDINGS, LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

9423 WHISPER RIDGE TRAIL
WEEKI WACHEE, FL 34613

New Principal Place of Business:

Current Mailing Address:

9423 WHISPER RIDGE TRAIL
WEEKI WACHEE, FL 34613

New Mailing Address:

FEI Number: 20-4300002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENOS, FRANK
9423 WHISPER RIDGE TRAIL
WEEKI WACHEE, FL 34613 US

Name and Address of New Registered Agent:

ENOS, FRANK A MGRM
9423 WHISPER RIDGE TRAIL
WEEKI WACHEE, FL 34613 US

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.

SIGNATURE: FRANK A. ENOS

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ENOS, FRANK
Address: 9423 WHISPER RIDGE TRAIL
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGR () Delete
Name: ENOS, SHARON
Address: 9423 WHISPER RIDGE TRAIL
City-St-Zip: WEEKI WACHEE, FL 34613

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ENOS, FRANK A MGRM
Address: 9423 WHISPER RIDGE TRAIL
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGR (X) Change () Addition
Name: ENOS, SHARON C MGR
Address: 9423 WHISPER RIDGE TRAIL
City-St-Zip: WEEKI WACHEE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK A. ENOS

MGRM

01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date