## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## Apr 22, 2008 8:00 am Secretary of State **DOCUMENT # L06000016691** 04-22-2008 90101 012 \*\*\*138.75 1. Entity Name FRUITMA, LLC Principal Place of Business Mailing Address oou26903 786 S. ORANGE AVENUE 786 S. ORANGE AVENUE SARASOTA, FL 34236 SARASOTA FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 20-4363876 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: SHOXF MARG-ARET Street Address (P.O. Box Number is Not Acceptable) MYERS, TROY H JR 2033 MAIN STREET SUITE 600 2100 S. TAMIAHI TRAIL, SARASOTA FL 34237 SARASO TA 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. 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Change ☐ Addition TITLE ☐ Detete TITLE MAYR, FRIEDRICH NAME NAME 786 S. ORANGE AVENUE STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete ☐ Change ☐ Addition TITLE STAR/F MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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.

AGING MERIBER, MARAGER, OR AUTHORIZED REPRESENTATIVE

FILED