

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****DOCUMENT # L06000018246**1. Entity Name
FIRST CLASS RANGES, LLCFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 27 PM 3:16

Principal Place of Business
**5280 NORTH ORANGE AVE.
WINTER PARK, FL 32792**Mailing Address
**5280 NORTH ORANGE AVE.
WINTER PARK, FL 32792**2. Principal Place of Business - No P.O. Box #
1873 N. Nova Rd
Suite, Apt. #, etc.3. Mailing Address
1873 N Nova Rd
Suite, Apt. #, etc.02/14/07 90221 041 \$50
07272007 Chg-LLC CR2E083 (12/06)City & State
Holly Hill, FL
Zip Country
32117 USCity & State
Holly Hill, FL
Zip Country
32117 US4. FEI Number
41-2198210Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required**6. Name and Address of Current Registered Agent****MOYER, PAUL V
118 WEST ORANGE STREET
ALLTAMONTE SPRINGS, FL 32714****7. Name and Address of New Registered Agent**

Name

Street Address (F.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

**Filing Fee is \$50.00
Due by September 14, 2007**Make check payable to
Florida Department of State**9. MANAGING MEMBERS/MANAGERS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHERMAN, BRIAN L
5280 BNORTH ORANGE AVE.
WINTER PARK, FL 32792** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**10. ADDITIONS/CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #