2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State
02-14-2007 90217 050 ****50.00

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1. Entity Name
FTSS, LLC

Principal Place of Business	Mailing Address
2831 N.W. 41ST STREET SUITE D GAINESVILLE, FL 32606	2831 N.W. 41ST STREET SUITE D GAINESVILLE, FL 32606

2. Principal Place of Business - Do not P.O. Box #
Street, Apt. #, etc.

3. Mailing Address
C/O SHEY ASSOCIATES, INC
Street, Apt. #, etc.
6110 NW 1ST PLACE, SUITE

Ap2062007 Chg-LLC CR2E083 (12/06)

City & State
GAINESVILLE, FL

Zip | Country
32607

4. FEI Number
20-5218042
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, C. FREDERICK
2831 N.W. 41ST STREET
SUITE D
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

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 _____ DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm KES of GVILLE, LLS C/O Shey Assoc. 6110 NW 1st Place Gainesville, FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm The Thopson Group, Inc. 2831 NW 41st St. Ste D Gainesville, FL 32606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 605, Florida Statutes.

SIGNATURE: Susan Shey, Managing Member 2/8/07 352-331-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #