

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000046548

1. Entity Name
FTSS, LLC



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

Mailing Address
C/O SHEY ASSOCIATES, INC.
6110 BW 1ST PLACE STE A
GAINESVILLE, FL 32607



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KES OF GVILLE, LLS
C/O SHEY ASSOC. 6110 NW 1ST PL
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THE THOMPSON GROUP, INC.
2831 NW 41ST STE D
GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000796426
01/29/08-80033-013 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

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

SUSAN I. SHEY MGRM FTSS, LLC

Date

Daytime Phone #

1/24/08 352-331-1668