

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90231 004 \*\*\*138.75

**DOCUMENT # L06000049195**

1. Entity Name  
**DIAMONDBACK CHOPPERS LLC**



Principal Place of Business  
**1060 COX ROAD  
COCOA, FL 32926**

Mailing Address  
**1060 COX ROAD  
COCOA, FL 32926**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**56-2586137**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLECKINGER, BOBBY V  
5121 CRAIG ROAD  
COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name **MATTHEW T. BURKE CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**Cape Royal Office Building  
Suite 707**

City **1980 N. Atlantic Avenue FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, if the Secretary of State is familiar with, and accept the obligations of registered agent.

SIGNATURE

*Matthew T. Burke CPA*

*2/12/2008*

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **FLECKINGER, BOBBY V**  
STREET ADDRESS **1060 COX ROAD**  
CITY-ST-ZIP **COCOA, FL 32926**

TITLE **MGRM** ☐ Delete  
NAME **FLECKINGER, FRANCES C**  
STREET ADDRESS **5087 JUNEDALE DRIVE**  
CITY-ST-ZIP **COCOA, FL 32926**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

*Bobby V. Fleckinger*

*2-14-08*

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

Date

Daytime Phone #