

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050411

FILED
Mar 30, 2009
Secretary of State

Entity Name: FGH LLC

Current Principal Place of Business:

19 FALCONWOOD COURT
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

19 FALCONWOOD COURT
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 20-5390295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & A AGENTS, INC.
850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HAFELE, DALE G MGR.
19 FALCONWOOD CT
FORT MYERS, FL 33919 US

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.

SIGNATURE: DALE G. HAFELE

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAFELE, DALE G
Address: 19 FALCONWOOD CT
City-St-Zip: FT MYERS, FL 33919

Title: MGRM () Delete
Name: FIORILLO, WILLIAM S
Address: 6881 LAKE DEVONWOOD DR
City-St-Zip: FT MYERS, FL 33916

Title: MGRM () Delete
Name: GIBSON, JOHN D
Address: 15891 DORTH CIRCLE
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DALE G. HAFELE

MGR

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date