

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**Mailing Address**  
**35 BECKET LANE**  
**PALM COAST, FL 32137**

**DO NOT WRITE IN THIS SPACE**



CR2E083 (12/07)

Applied For
Not Applicable

☒

**\$5.00** Additional  
Fee Required

SIMPSON, SCOTT E  
595 WEST GRANADA BLVD., SUITE A  
ORMOND BEACH, FL 32174

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

10000769769

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

01/23/08-B0006-012 143.75

TITLE	MGRM
NAME	FORTE, JOSEPH A
STREET ADDRESS	35 BECKET LANE
CITY - ST - ZIP	PALM COAST, FL 32137

TITLE	MGRM
NAME	FORTE, STEVEN G
STREET ADDRESS	15036 FOX BRANCH LANE
CITY-ST-ZIP	MIDLOTHIAN, VA 23112

TITLE	MGRM
NAME	FORTE, DORA A
STREET ADDRESS	35 BECKET LANE
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	MGRM
NAME	FORTE, LISA
STREET ADDRESS	15036 FOX BRANCH LANE
CITY - ST - ZIP	MIDLOTHIAN, VA 23112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

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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**

Joseph A. Forte

1 / 15 / 08

(386) 445-8206

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

Date \_\_\_\_\_

Daytime Phone #