2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANITOAL ICE OIL					Ellen			
DOCUMENT # L06000065600					FILED			
1. Entity Nam	e			07 MAY 14 PM 2: 35				
A PLUS F	ENCING COMPANY,LLC						14 (11 2	. 33
·							15 July 31	ATE
Principal Place of Business Mailing Address]	-11-	PARSEE, FL	RIDA
2039-2 SOU		2039-2 SOUTEL DRIVE						
JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04070007	05-110	ODDED00 (10100)	
					04272007	Chg-LLC	CR2E083 (12/06)	
City & Stat	e	City & State			4. FEI Numbe	er	 	plied For Applicable
Zip Country		Zip Country		atry	5 0	-4 Chat is Desired	\$5.00 444	
		<u> </u>				Fee Required		
	6. Name and Address of Curren	t Registered Agent	egistered Agent Name		7. Name and	Address of New F	Registered Agent	
GERALD P. JONES, CPA.PA								
2039 SOU	TEL DR.	Street Addre		Street Address ((P.O. Box Number is Not Acceptable)			
JACKSON	VILLE, FL 32208				-	•		
				City	·		FL Zip Code	9
O The share	named entity submits this statement t	for the number of changing it	o rocintor	ad office or register	rad agent or be	th, in the State of El		and accept
	named entity submits this statement i ions of registered agent.	for the purpose of changing to	s register	ed office of register	red agent, or bo	in, in the State Of the	onda. Fam lamiliai with,	and accept
SIGNATURE								
JIGHAT OTIL	Signature, typed or printed name of registered ager	nt and title if applicable (NO	TE Registere	ed Agent signature required	d when reinstating)		DATE	
						Mal	ce check payable to	
Filing Fee is \$50.00 Due by May 1, 2007							a Department of State	•
						ADDITIONS	/CHANGES	
9. TITLE	BERS/MANAGERS	ERS 10.			ADDITIONS	Change	Addition	
NAME	□ Delete	NAME		2!	00103	_ ·		
STREET ADDRESS	9536 PRINCETON SQ. BLVD. S	#1804 STREET ADDRE		t	200103589332 05/31/0701007010 **350.00			
CITY-ST-ZIP							☐ Change	Addition
TITLE NAME	MGRM Defete			E AE			Change	☐ Addition
STREET ADDRESS	9536 PRINCETON SQ. BLVD.			EET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY	-ST-ZIP				
TITLE	1000	☐ Delete	TITL				☐ Change	■ Addition
STREET ADDRESS PUSIC				EET ADDRESS				
CITY-ST-ZIP				r-ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
NAME			NAM	ME EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				(-SI-ZIP				
TITLE		☐ Delete	Titt	·			Change	Addition
NAME			NAN					
STREET ADDRESS				EET ADDRESS (-ST-ZIP				
CITY-ST-ZIP		D 6.1	TITL				Change	☐ Addition
NAME		☐ Delete	NAN					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	<u> </u>	7		Y-ST-ZIP				
11. I hereby certify that the information supplied with this filling does not quality 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 justee empowered to execute the eport as required by Chapter 608, Florida Statutes.								
limited lia	ability company or the receiver or rust	ee empowered to execute the	eport a	s required by Chap	oter 608, Florida	Statutes.		
		. 4						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #								
I								