2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90145 021 ****55.00

DOCUMENT # L06000090609

1. Entity Name
I & F, LLC

Principal Place of Business
2 CHERRY BLOSSOM LN
WINTER HAVEN, FL 33884 US

Mailing Address
2 CHERRY BLOSSOM LN
WINTER HAVEN, FL 33884 US

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

01142007 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0786403 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KISER, DON R
2 CHERRY BLOSSOM LN
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City | FL | Zip Code

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 _____ DATE

Filing Fee Is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME HAMNER, INDIA K STREET ADDRESS 2 CHERRY BLOSSOM LN CITY-ST-ZIP WINTER HAVEN, FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME HAMNER, FRANK A STREET ADDRESS 2 CHERRY BLOSSOM LN CITY-ST-ZIP WINTER HAVEN, FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: India Hamner 1/14/07 434-996-6661

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