

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90140 012 \*\*\*138.75

**DOCUMENT # L06000109808**

1. Entity Name  
**FOREVER CITY COMPANY PRODUCTS, LLC**



Principal Place of Business  
**11314 ISLE OF WATER BRIDGE  
SUITE 104  
ORLANDO, FL 32837**

Mailing Address  
**11314 ISLE OF WATER BRIDGE  
SUITE 104  
ORLANDO, FL 32837**

**60010605**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-5894157**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAN, HOK WAN  
11314 ISLE OF WATER BRIDGE  
SUITE 104  
ORLANDO, FL 32837**

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

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

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
CHAN, HOK WAN  
11314 ISLE OF WATER BRIDGE, #104  
ORLANDO, FL 32837** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ZENG, KE QIN  
11314 ISLE OF WATER BRIDGE, #104  
ORLANDO, FL 32837** ☒ Delete **雷克勤**

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

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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:**

*[Signature]* **雷克勤**

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

Date

Daytime Phone #

**1-14-08 (601) 520-9887**