


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

01-18-2008 90018 009 ***138.75

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DOCUMENT # L06000112428					
1. Entity Name FO-MA, LLC					
Principal Place of Business 105 N. HALIFAX AVE. DAYTONA BEACH, FL 32118			Mailing Address 105 N. HALIFAX AVE. DAYTONA BEACH, FL 32118		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOREST, ANGELINE M. 105 N. HALIFAX AVE. DAYTONA BEACH, FL 32118				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ (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	SEC FOREST, MICHAEL J 105 N HALIFAX AVE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Angeline M. Forest</u>			Date: <u>1/8/08</u> 386 2520227		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
~~APPLIED FOR~~ 41-2270905 Applied For
 Not Applicable

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