

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90039 009 ****50.00

DOCUMENT # L06000114176

1. Entity Name

FELLOWSHIP, L.L.C.



Principal Place of Business

9529 S.E. 174TH LOOP
SUMMERFIELD FL 34491

Mailing Address

9529 S.E. 174TH LOOP
SUMMERFIELD FL 34491



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

4. FEI Number

16-1778876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

JARMER, JUNE E
9529 S.E. 174TH LOOP
SUMMERFIELD FL 34491

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GANNETT, PATRICIA
STREET ADDRESS 4749 N.E. 112TH AVE
CITY- ST- ZIP SILVER SPRINGS FL 34488

TITLE MGR ☐ Delete
NAME BAREFIELD, ANN L
STREET ADDRESS 1539 HARTSVILLE TERRACE
CITY- ST- ZIP VILLAGES FL 32162

TITLE MGR ☐ Delete
NAME GORE, ROBERT L
STREET ADDRESS 8062 S.W. 81ST LOOP
CITY- ST- ZIP Ocala FL 34476

TITLE MGR ☐ Delete
NAME PRENTICE, JAMES C
STREET ADDRESS 17843 S.E. 125TH CIRCLE
CITY- ST- ZIP SUMMERFIELD FL 34491

TITLE MGR ☐ Delete
NAME JARMER, JUNE E
STREET ADDRESS 9529 S.E. 174TH LOOP
CITY- ST- ZIP SUMMERFIELD FL 34491

TITLE MGR ☐ Delete
NAME O'HARA, JAMES M
STREET ADDRESS 3609 S.E. 33RD AVENUE
CITY- ST- ZIP Ocala FL 34471

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

June E. Jarmer

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

3/20/07 352-347-7095

Date

Daytime Phone #