

2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90062 039 ***138.75

DOCUMENT # L06000122820

1. Entity Name
 FLOH INVESTMENTS LLC



Principal Place of Business
 5836 TANGERINE RESERVE CT.
 MT. DORA, FL 32757

Mailing Address
 5836 TANGERINE RESERVE CT.
 MT. DORA, FL 32757

60031013



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

02012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-8458937

Applied For
 Not Applicable

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

FLORIDA INCORPORATORS, INC.
 8875 HIDDEN RIVER PKWY STE. 300
 TAMPA, FL 33637

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
 HEMSATH, DAVID J
 16555 PEPPERWOOD COURT
 STRONGSVILLE, OH 44136 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 MGRM
 DAVID J. HEMSATH
 5836 Tangerine Reserve Ct.
 Mount Dora, FL 32757 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 MGRM
 HEMSATH, GAYLE A
 16555 PEPPERWOOD COURT
 STRONGSVILLE, OH 44136 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 MGRM
 HEMSATH, GAYLE A.
 5836 Tangerine Reserve Ct.
 Mount Dora, FL 32757 ☒ Change ☐ Addition

TITLE
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 CITY - ST - ZIP
☐ Delete

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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

David J. Hemsath

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

DAVID J. HEMSATH

2/1/08

Date

352-383-4656

Daytime Phone #