


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90327 008 ***143.75

DOCUMENT # L07000003846 1. Entity Name FIDELIS FAMILIA LLC					
Principal Place of Business 11520 OAK PARK DRIVE JACKSONVILLE, FL 32225			Mailing Address 11520 OAK PARK DRIVE JACKSONVILLE, FL 32225		
2. Principal Place of Business - No P.O. Box # 13475 ATLANTIC BLVD		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc. #14		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State		4. FEI Number 208298344	
Zip 32225		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSHALL, PHYLLIS MARIE 11520 OAK PARK DRIVE JACKSONVILLE, FL 32225			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 _____ (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 MARSHALL, PHYLLIS MARIE 11520 OAK PARK DRIVE JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, COREY 11520 OAK PARK DRIVE JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, TIMOTHY LAWTON 11520 OAK PARK DRIVE JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <i>Timothy Marshall</i> TIMOTHY MARSHALL 4-17-08 (904) 219-0194					