

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048086

FILED
Mar 21, 2009
Secretary of State

Entity Name: FRINGE, LLC

Current Principal Place of Business:

445 STATE ROAD 13 SHOP 25
JACKSONVILLE, FL 32259

New Principal Place of Business:

445 STATE ROAD 13 SHOP 21
JACKSONVILLE, FL 32259

Current Mailing Address:

445 STATE ROAD 13 SHOP 25
JACKSONVILLE, FL 32259

New Mailing Address:

445 STATE ROAD 13 SHOP 21
JACKSONVILLE, FL 32259

FEI Number: 20-8964909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONAHOO, THOMAS M JR
50 NORTH LAURA STREET STE 2925
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRAMB, SASHA
Address: 7045 ANDALLUSIA AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: SCHUMER, LARRY
Address: 3156 E BANISTER ROAD
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SASHA CRAMB

MGRM

03/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date