2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (A%)

8/19/2008-90027-031-\$143.75-\$143.75

				<u></u>	,	1				
DOCUMENT # L07000054722 1. Entity Name						FILED				
FAIRCLOTH ENTERPRISE'S L.L.C.						08 SEP 17 AM 8: 56				
Principal Place of Business Mailing Address						İ	ere.			
i de la companya de							SEGALIA. TALLAHASS		MALE	
6102 PROCTOR RD. P.O. BOX 15281 TALLAHASSEE FL 32310 TALLAHASSEE FL 32317					i	١.	IALLAMASS	et fl	AUMU.	
Principal Place of Business - No P.O. Box # 3. Mailing Address						1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			2	2nd MOORE	CR2E08	33 (4/08)	
City & State			City & State			4. FEI Nun	hber			pplied For ot Applicable
Zip	Country		Zip Coun		ntry	5. Certifica	ite of Status Desired	g	\$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent						7. Name a	nd Address of New R	egistered	Agent	
F	001.0711	A11 Ch:	4		Name		_		_	
610	ALLEN OR RD. EE FL 32310				Street Address (P.O. Box Number is Not Acceptable)					
MED WOODE I'E OLD TO										
					City	Zip Code				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE						· · · · · · · · · · · · · · · · · · ·				
Signature hyper or private hartie of registered again and title if applicable (NOTE Registered Agains significant Anton Londstating) DATE										
•			EE IS \$538.75 orida Departmer	nt of State	S.607.193(2)(b), F.S., late fee. By checki company certifles it	ing this b	ox, the limi	ted liability		
			Due By	/ Septe	mber 3, 2008		file is \$138.75			₽/
9. MANAGING MEMBERS/MANAGERS					· · ·		ADDITIONS/	CHANGES	3	
TITLE	MGR	=	☐ Defete	nı	ı				☐ Change	☐ Addition
STREET ADDRESS	FAIRCLOTH, ALLEN 6 6102 PROCTOR RD. 5 INC.				- 1					
CITY-ST-ZIP					EFT ADORESS '-ST-ZIP					
TITLE	17.00	<u> </u>	☐ Delete	TIFL						- Addition
NAME	NAM NAM							100	☐ Change	Addition
STREET ADDRESS					EET ADDRESS	L-0 7				Ì
CITY-ST-ZIP				CRY	-ST-ZIP		4 0 0000			ŀ
TITLE			☐ Delete	III	E .		354 1 8 4000		☐ Change	Addition
N/AT				NAM	_			-		j
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS :					ļ
TITLE				- -		<u> </u>	<u>ង៩ ៦) ឃុំព្រះ ១១</u>	<u>, s :i </u>		
NAME			C Delete	TITLE	l l				☐ Change	Addition
STREET ADDRESS	1				ET ADDRESS					
CITY-SI-ZIP	<u> </u>			CITY	- \$1 - ZIP					ļ
TITLE			☐ Defete	TITL	E				Change	☐ Addition
HAME				MALI	- 1					
STREET ADDRESS City-St-Zip	1				ET ADORESS					J
	-				-ST-ZIP					
TITLE TLAIME	1		☐ Delete	THIL!	- I				Change	☐ Addition
STREET ADORESS	1				LET ADDRESS					1
CITY-ST-ZIP					-ST-ZIP					ł
11. Thereby	*	information cumplied with I	this filian dans not a solife to	the ear		~	O Deside Dies see 1 by			
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 cath; that I am a managing member or manager of the limited liability company or the receive_or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
indicated	d on this report	t is true and accurate and t	hat my signature shall have I	the same	e legat effect as if m	ade under oa	ith; that I am a manaoi	ther certifying member	y that the info er or manage	ir of the
indicated	d on this report	t is true and accurate and t	hat my signature shall have I	the same	e legat effect as if m	ade under oa	ith; that I am a manaoi	ther certify ing member	y that the info er or manage	ir of the
indicated	d on this report ability compan	t is true and accurate and t	hat my signature shall have I	the same	e legat effect as if m	ade under oa	ith; that I am a manaoi	ther certifying member	y that the info er or manage	ir of the