2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2008 8:00 am Secretary of State

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DOCUMENT # L07000055683 1. Entity Name FLEETHOUSE, LLC					Secretary of State 03-13-2008 90268 028 ***138.75				
Principal Place	e of Business	Mailing Address							
1582 GULF BLVD., #1804 1582 GULF BLVD., #180 CLEARWATER, FL 33767 CLEARWATER, FL 33767					I MANTEN SH	BEM MEN BEM BEM AN	in gelek Engi en	*** = 110;	18 8 1 (1) JAR(
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	03102008	Chg-∐C	CR2E0	83 (12/06)	
City & State		City & State			1 Flymbe	11680	80		oplied For ot Applicable
Zip	Country	Zīp	Count	try	5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	Agent	
0001015	DATION E		1	Name					 .
SPRAGUE, PATRICK F 1904 E. BUSCH BLVD. TAMPA, FL 33612				Street Address (ress (P.O. Box Number is Not Acceptable)				
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	·.· ·		İ	City			FL	Zip Code	e
8. The above the obligation	named entity submits this statement for ons of registered agent.	the purpose of changing its re	egistere	ed office or register	ed agent, or bot	th, in the State of Fl		amiliar with,	and accept
	,								
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE:	Registered	Agent signeture required	l when reinstating)		DATE		 -
FILE After May	Spreature, typed or printed name of registered agent a NOWIII FEE IS \$138.75 1; 2008 Fee will be \$538.75			Agent signeture required	(when reinstating)	Florid	ke check po a Departmo	ent of State	9
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/9/08 267-872-372