


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90137 045 ***138.75

DOCUMENT # L07000076915 1. Entity Name FINK & ELLIS, LLC																													
Principal Place of Business 1350 S. VINELAND RD WINTER GARDEN FL 34787 US			Mailing Address 1350 S. VINELAND RD WINTER GARDEN FL 34787 US																										
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																										
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
FINK, SANDY M DVM 1350 S. VINELAND RD WINTER GARDEN FL 34787			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <u><i>Sandy M Fink</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small> </div> <div style="width: 30%;"> <u><i>Sandy M. Fink</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <u><i>2-13-2008</i></u> <small>DATE</small> </div> </div>																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> MGRM FINK, SANDY M DVM 1350 S. VINELAND RD WINTER GARDEN FL 34787 <input type="checkbox"/> Delete </td> </tr> <tr> <td> MGRM ELLIS, DONNA M 1350 S. VINELAND RD WINTER GARDEN FL 34787 </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINK, SANDY M DVM 1350 S. VINELAND RD WINTER GARDEN FL 34787 <input type="checkbox"/> Delete	MGRM ELLIS, DONNA M 1350 S. VINELAND RD WINTER GARDEN FL 34787	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Sandy M Fink</i></u> <u><i>Sandy M Fink</i></u> <u><i>2-13-08</i></u> <u><i>407-656-1800</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													



1st MOORE CR2E083 (10/07)

4. FEI Number *26-0589821* Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**