

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2008 8:00 am
Secretary of State

04-15-2008 90098 033 ***138.75

DOCUMENT # L07000091781

1. Entity Name
FONTANA EQUITY GROUP LLC



Principal Place of Business
27733 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33543- US
33544

Mailing Address
27733 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33543- US
33544

30008615



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
26-0864966

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONTANA, CHRISTOPHER A
27733 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33543- US
33544

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when re-registering)

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
FONTANA, CHRISTOPHER A
27733 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33543- US
33544 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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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: Chris Fontana 4-9-08 813-994-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #