## 2008 LIMITED LIABILITY COMPANY

## Aug 15, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000101628** 07-17-2008 90017 009 \*\*\*138.75 1. Entity Name FLEUR DE LIS AND ALL, LLC Principal Place of Business Mailing Address **20010000 401 SUNSET ROAD 401 SUNSET ROAD** PLANT CITY, FL 33563 PLANT CITY, FL 33563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08112008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-3113016 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, DONNA É **401 SUNSET ROAD** Street Address (P.O. Box Number is Not Acceptable) PLANT CITY, FL 33563 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Managing Member TITLE Delete TITLE ☐ Change Addition NAME Jones, Donna E. STREET ADDRESS 401 Sunset Road STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Plant City, Florida 33563 TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Addition

IRE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Change

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000101628  1. Entity Name FLEUR DE LIS AND ALL, LLC									
Principal Place of Business 401 SUNSET ROAD PLANT CITY, FL 33563		Mailing Address 401 SUNSET ROAD PLANT CITY, FL 33563			ATTACHMENT 300/0897				
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address			-	3001			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08112008	Chg-LLC	CR2E083	3 (12/06)		
City & State		City & State			4. FEI Numb	er -3113016		<u> </u>	olled For Applicable
Zip	Country	Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current	egistered Agent Name			7. Name and Address of New Registered Agent				
JONES, DO	ET ROAD				P.O. Box Numb	per is Not Acceptab	le)		<del></del>
PLANT CIT	TY, FL 33563		ſ						
				City		<del></del>	FL	Zip Code	;
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or bo	oth, in the State of F	lorida. I am fai	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and trie of applicable. (NOT	E: Registered	1 Agent signature require	d when reinstating)	<del></del>	DATE		
	E NOW!!! FEE IS \$538.75 by September 12, 2008					1	ke check pay la Departmer	₹	,
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
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