

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111981

FILED  
May 07, 2009  
Secretary of State

Entity Name: FORTIS ENTERPRISES LLC

**Current Principal Place of Business:**

1027 LAKE BELL DRIVE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2341  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 38-3771290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VALLEY, EDWARD A  
Address: 1027 LAKE BELL DRIVE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR ( ) Delete  
Name: MAZZONE, JOHN  
Address: 8769 BELTER DRIVE  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD A VALLEY

MGR

05/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date