

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90114 012 ***138.75

DOCUMENT # L07000116917

1. Entity Name
MAD FOX INVESTMENTS, LLC.



Principal Place of Business
5050 RALSTON ROAD
LAKELAND, FL 33811

Mailing Address
5050 RALSTON ROAD
LAKELAND, FL 33811

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

02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-1299841

Applied For

Not Applicable

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

BAILEY, DOUGLAS V SR
439 S FLORIDA AVE STE 300 FLORIDA
LAKELAND, FL 33801

Name
LORI MADDEN

Street Address (P.O. Box Number is Not Acceptable)

5050 RALSTON ROAD

City
LAKELAND

FL

Zip Code
33811

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 \$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
MGR
MADDEN, LORI A
5050 RALSTON ROAD
LAKELAND, FL 33811 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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.

LORI MADDEN, MGR

SIGNATURE:

Lori Madden

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

Date

Daytime Phone #

2/15/08 863.648.2614