

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096745

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** PASCO FAMILY RENTALS, LLC

**Current Principal Place of Business:**

1908 GULFVIEW DR.  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

1908 GULFVIEW DR.  
HOLIDAY, FL 34691

**New Mailing Address:**

**FEI Number:** 27-1105220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FICKES, DAN L  
1908 GULFVIEW DR.  
HOLIDAY, FL 34691 US

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

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  
**Name:** FICKES, SUZANNE C  
**Address:** 1908 GULFVIEW DR.  
**City-St-Zip:** HOLIDAY, FL 34691

**Title:** MGR  
**Name:** ROACH, SAMUEL E  
**Address:** 12130 LUFTBURROW LN  
**City-St-Zip:** HUDSON, FL 34669

**Title:** MGR  
**Name:** FICKES, DAN L  
**Address:** 1908 GULFVIEW DR.  
**City-St-Zip:** HOLIDAY, FL 34691

**Title:** MGRM  
**Name:** SUZANNE C FICKES IRA  
**Address:** 1908 GULFVIEW DR.  
**City-St-Zip:** HOLIDAY, FL 34691

I hereby 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:** DAN L FICKES

MGR

02/27/2011

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