

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000005137**

1. Entity Name  
**FITKIN ACQUISITIONS, LLC**



Principal Place of Business  
**11918 GRACE'S WAY  
CLERMONT, FL 34711**

Mailing Address  
**11918 GRACE'S WAY  
CLERMONT, FL 34711**



02022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3474641**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FITKIN, HAROLD MYERS JR.  
11918 GRACE'S WAY  
CLERMONT, FL 34711**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**1000000429505  
02/22/06-80009-022 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR**  
NAME **FITKIN, HAROLD MYERS JR.**  
STREET ADDRESS **11918 GRACE'S WAY**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE  
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IN THIS SPACE**

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: *[Signature]***

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

**2-7-06**

Date

Daytime Phone #