

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 A**  
**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**



02022008No Chg-LLC

CR2E083 (12/07)

**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**

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**

U000000848325  
03/20/08-80013-005 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                       |                                |
|-----------------------|--------------------------------|
| <b>TITLE</b>          | <b>MGR</b>                     |
| <b>NAME</b>           | <b>FITKIN, HAROLD MYERS JR</b> |
| <b>STREET ADDRESS</b> | <b>11918 GRACE'S WAY</b>       |
| <b>CITY-ST-ZIP</b>    | <b>CLERMONT, FL 34711</b>      |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |

**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**✓ 3-2-08**

Date

**407-832 4871**

Daytime Phone #