

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000100425

**Entity Name:** FOGLE & HOWE, L.L.C.

**Current Principal Place of Business:**

1535 FERN HOLLOW DRIVE  
DELAND, FL 32720

**Current Mailing Address:**

1535 FERN HOLLOW DRIVE  
DELAND, FL 32720 US

**FEI Number:** 82-1452570

**Certificate of Status Desired:** No

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

HOWE, CHRISTOPHER L  
1535 FERN HOLLOW DRIVE  
DELAND, FL 32720 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

**Authorized Person(s) Detail :**

Title MGR  
Name HOWE, CHRISTOPHER L  
Address 1535 FERN HOLLOW DRIVE  
City-State-Zip: DELAND FL 32720

Title MGR  
Name FOGLE, DANIEL F  
Address P. O. BOX 229337  
City-State-Zip: GLENWOOD FL 32722

Title AMBR  
Name HOWE, AMANDA B  
Address 1535 FERN HOLLOW DRIVE  
City-State-Zip: DELAND FL 32720

Title AMBR  
Name FOGLE, JENNIFER K  
Address P. O. BOX 229377  
City-State-Zip: GLENWOOD FL 32722

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER L HOWE

**MANAGER**

**04/17/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date