

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009452

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: FSCS LLC

**Current Principal Place of Business:**

8830 BAYWOOD PARK DR  
SEMINOLE, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

8830 BAYWOOD PARK DR  
SEMINOLE, FL 33777 US

**New Mailing Address:**

FEI Number: 20-2240850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SABA, FADI  
8830 BAYWOOD PARK DR  
SEMINOLE, FL 33777 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 ( ) Delete  
Name: SABA, FADI  
Address: 8830 BAYWOOD PARK DR  
City-St-Zip: SEMINOLE, FL 33777 US

Title: MGR ( ) Delete  
Name: SABA, COSETTE  
Address: 8830 BAYWOOD PARK DR  
City-St-Zip: SEMINOLE, FL 33777 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SABA, FADI E  
Address: 8830 BAYWOOD PARK DR  
City-St-Zip: SEMINOLE, FL 33777 US

Title: MGR (X) Change ( ) Addition  
Name: SABA, COSETTE E  
Address: 8830 BAYWOOD PARK DR  
City-St-Zip: SEMINOLE, FL 33777 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FADI SABA

MGR

01/16/2008

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