

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000060615

Entity Name: FNC COMPANY, LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

1497 MAIN ST #316
DUNEDIN, FL 34698 US

New Principal Place of Business:

1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 US

Current Mailing Address:

1497 MAIN ST #316
DUNEDIN, FL 34698 US

New Mailing Address:

1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 US

FEI Number: 11-3765049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VILLAVICENCIO, NELY G
1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 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: NELY VILLAVICENCIO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VILLAVICENCIO, NELY G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM () Delete
Name: VILLAVICENCIO, CHRISTINE G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM () Delete
Name: VILLAVICENCIO, FEDERICO L
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: VILLAVICENCIO, CHRISTIAN G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: VILLAVICENCIO, CHRISTY G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: VILLAVICENCIO, CHRISTLER G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NELY VILLAVICENCIO

MGRM

04/12/2007

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