

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000015804

**Entity Name:** FS LLC**Current Principal Place of Business:**222 LAKEVIEW AVE STE 1630  
C/O KEN SLATER  
WEST PALM BEACH, FL 33401**Current Mailing Address:**C/O SAMUEL H SLATER  
10 TREMONT ST 5TH FL  
BOSTON, MA 02108 US**FEI Number:** 20-0027114**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GY CORPORATE SERVICES, INC.  
600 BRICKELL AVENUE  
SUITE 3500  
MIAMI, FL 33131 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:** GY CORPORATE SERVICES, INC

01/29/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name TREMONT ASSET MANAGEMENT LLC  
Address 10 TREMONT ST 5TH FL  
C/O SAM SLATER  
City-State-Zip: BOSTON MA 02108

Title MANAGER OF TREMONT ASSET  
MANAGEMENT LLC  
Name SLATER, SAMUEL H.  
Address 10 TREMONT ST 5TH FL  
City-State-Zip: BOSTON MA 02108

Title MANAGER OF TREMONT ASSET  
MANAGEMENT LLC  
Name WHITTEN, JACQUELINE SLATER  
Address 10 TREMONT ST 5TH FL  
City-State-Zip: BOSTON MA 02108

*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:** SAMUEL H. SLATER

MANAGER

01/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date