

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017528

**FILED  
Mar 14, 2015  
Secretary of State  
CC1079172847**

**Entity Name:** FANZY PRODUCTS LLC

**Current Principal Place of Business:**

18060 LEGRAND AVE  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

PO BOX 380565  
PORT CHARLOTTE, FL 33938-0565

**FEI Number:** 20-1068323

**Certificate of Status Desired:** No

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

JASKOT, RUSSELL A  
18060 LEGRAND AVE  
PORT CHARLOTTE, FL 33948 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 MGRM  
Name JASKOT, ROGER D  
Address 6119 ALEXANDER LANE  
City-State-Zip: WARRENTON VA 20187

Title MGRM  
Name JASKOT, RANDALL L  
Address 542 W 34190 HIDDENVALLEY  
City-State-Zip: DOUSMAN WI 53118

Title MGRM  
Name JASKOT, RUSSELL A  
Address 18060 LEGRAND AVE  
City-State-Zip: PORT CHARLOTTE FL 33948

*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:** RUSSELL A JASKOT

**MGRM**

**03/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date