

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060615

Entity Name: FNC COMPANY, LLC**Current Principal Place of Business:**1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677**Current Mailing Address:**1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 US**FEI Number:** 11-3765049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLAVICENCIO, NELY G
1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 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 VILLAVICENCIO, NELY G
Address 1701 MAPLELEAF BLVD.
City-State-Zip: OLDSMAR FL 34677

Title MGRM
Name VILLAVICENCIO, CHRISTINE G
Address 1701 MAPLELEAF BLVD.
City-State-Zip: OLDSMAR FL 34677

Title MGRM
Name VILLAVICENCIO, FEDERICO L
Address 1701 MAPLELEAF BLVD.
City-State-Zip: OLDSMAR FL 34677

Title MGRM
Name VILLAVICENCIO, CHRISTIAN G
Address 1701 MAPLELEAF BLVD.
City-State-Zip: OLDSMAR FL 34677

Title MGRM
Name VILLAVICENCIO, CHRISTY G
Address 1701 MAPLELEAF BLVD.
City-State-Zip: OLDSMAR FL 34677

Title MGRM
Name VILLAVICENCIO, CHRISTLER G
Address 1701 MAPLELEAF BLVD.
City-State-Zip: OLDSMAR FL 34677

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NELY VILLAVICENCIO**PRESIDENT****02/28/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date