

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000029733

**Entity Name:** THE FUSS, LLC

**Current Principal Place of Business:**

110 GOOD MORNING STREET  
STE 102  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

110 GOOD MORNING STREET  
STE 102  
PORT SAINT JOE, FL 32456

**FEI Number:** 20-8664959

**Certificate of Status Desired:** No

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

SPRING, SAMUEL R  
519 WINDMARK WAY  
PORT SAINT JOE, FL 32456 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 SPRING, LAUREN E  
Address 110 GOOD MORNING STREET, SUITE 102  
City-State-Zip: PORT SAINT JOE FL 32456

Title MGRM  
Name SPRING, SAMUEL R  
Address 519 WINDMARK WAY  
City-State-Zip: PORT SAINT JOE FL 32456

Title MGRM  
Name HAIRE, STEWART R  
Address PO BOX 1624  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** LAUREN SPRING

**MANAGING MEMBER**

**04/15/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date