

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105737

**Entity Name:** FPCAIN, LLC

**Current Principal Place of Business:**

5506 GREYSTON STREET  
PALM HARBOR, FL 34685

**Current Mailing Address:**

5506 GREYSTON STREET  
PALM HARBOR, FL 34685 US

**FEI Number:** 80-0554474

**Certificate of Status Desired:** No

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

CAIN, FRANK  
5506 GREYSTON STREET  
PALM HARBOR, FL 34585 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 CAIN, FRANK  
Address 5506 GREYSTON STREET  
City-State-Zip: PALM HARBOR FL 34685

*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:** FRANK CAIN

MR.

02/16/2024

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

\_\_\_\_\_ Date