

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000067805

**Entity Name:** FNC PARTNERS LLC

**Current Principal Place of Business:**

1417 BLEASE LOOP  
THE VILLAGES, FL 32162

**Current Mailing Address:**

1417 BLEASE LOOP  
THE VILLAGES, FL 32162 US

**FEI Number:** 46-5665638

**Certificate of Status Desired:** No

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

HARM, HARLENE  
1417 BLEASE LOOP  
THE VILLAGES, FL 32162 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 MGR  
Name HARM, DUANE  
Address 1417 BLEASE LOOP  
City-State-Zip: THE VILLAGES FL 32162

Title MGR  
Name PAULSON, MARYLOU  
Address 1417 BLEASE LOOP  
City-State-Zip: THE VILLAGES FL 32162

Title MGR  
Name HARM, HARLENE  
Address 1417 BLEASE LOOP  
City-State-Zip: THE VILLAGES FL 32162

Title MGR  
Name LACY, LOIS  
Address 1417 BLEASE LOOP  
City-State-Zip: THE VILLAGES FL 32162

*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:** HARLENE HARM

**TREASURER**

01/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date