

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000139320

**Entity Name:** FSBS, LLC

**Current Principal Place of Business:**

234 COUNCIL BLUFFS DR  
DELTONA, FL 32725

**Current Mailing Address:**

234 COUNCIL BLUFFS DR  
DELTONA, FL 32725

**FEI Number:** 47-1949209

**Certificate of Status Desired:** No

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

GOODFELLOW & COMPANY CPA, INC.  
344 S WOODLAND BLVD.  
DELTONA, FL 32720 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	Title	AMBR
Name	ESTOCIN, JAMES	Name	ESTOCIN, NANCY
Address	234 COUNCIL BLUFFS DR	Address	234 COUNCIL BLUFFS DR
City-State-Zip:	DELTONA FL 32725	City-State-Zip:	DELTONA FL 32725

*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:** JAMES ESTOCIN

MGR

04/27/2015

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

\_\_\_\_\_ Date