

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000093626

**Entity Name:** FABRY MANAGEMENT, LLC

**Current Principal Place of Business:**

2390 TAMIAMI TRAIL NORTH, STE. 204  
NAPLES, FL 34103

**Current Mailing Address:**

4566 NORTH APOPKA VINELAND RD.  
ORLANDO, FL 32818

**FEI Number:** 47-4153225

**Certificate of Status Desired:** No

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

KELLY, CHARLES M JR.  
2390 TAMIAMI TRAIL NORTH, STE. 204  
NAPLES, FL 34103 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:** CHARLES M KELLY JR

01/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FABRY, CARL J  
Address 4566 N APOPKA VINELAND RD.  
City-State-Zip: ORLANDO FL 32818

Title MGR  
Name FABRY, CARL J  
Address 4566 N APOPKA VINELAND RD.  
City-State-Zip: ORLANDO FL 32818

Title AMBR  
Name FABRY, PATRICIA E  
Address 4566 N APOPKA VINELAND RD.  
City-State-Zip: ORLANDO FL 32818

Title MGR  
Name FABRY, PATRICIA E  
Address 4566 M APOPKA VINELAND RD.  
City-State-Zip: ORLANDO FL 32818

*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:** CARL J FABRY

MANAGER

01/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date