

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005207

Entity Name: FCS ENTERPRISES, LLC

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

715 KEATON PKWY  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 22028  
LAKE BUENA VISTA, FL 32830

**New Mailing Address:**

FEI Number: 52-2311054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

THOMPSON, FRANK E  
715 KEATON PWKY  
OCOE, FL 34761 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: PD  
Name: THOMPSON, FRANK E  
Address: 715 KEATON PKWY  
City-St-Zip: OCOE, FL 34761

Title: D  
Name: THOMPSON, ELIZABETH C  
Address: 715 KEATON PKWY  
City-St-Zip: OCOE, FL 34761

Title: D  
Name: THOMPSON-MCCRARY, ERICA  
Address: 2583 RAVENALL AVE  
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information indicated on this 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.

SIGNATURE: FRANK E. THOMPSON

PD

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date