


LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000015136

DOCUMENT # **L01000015136**

1. Entity Name
FSNP, LLC
dba. KC Key Food Store



FILED

03 MAR -5 PM 5:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
716 ALBEE Rd W.
Suite, Apt. #, etc.

3. Mailing Address
716 ALBEE Rd. W
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Nokomis, Florida

City & State
Nokomis, Florida

4. FEI Number
65-1135939

Applied For
☐ Not Applicable

Zip
34275 Country
US

Zip
34275 Country
US

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
John L. Moore

Street Address (P.O. Box Number is Not Acceptable)
200 South ORANGE AVE

City
Sarasota, Florida Zip Code
34236

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. MANAGING MEMBERS/MANAGERS			
TITLE President	NAME MGRM	TITLE	
NAME Humaida W. Farah	STREET ADDRESS 6405 Kylie Creek Way	NAME	
STREET ADDRESS Sarasota, Florida 34240	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
NAME	STREET ADDRESS	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
NAME	STREET ADDRESS	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
NAME	STREET ADDRESS	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
NAME	STREET ADDRESS	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

900013549109
03/05/03--01055--004 **200.00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2002-2003

BK

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Humaida W. Farah

Date
2/18/03

Daytime Phone #
941-488-0929

CR2E083B (12/02)