

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003965

Entity Name: F.A.C., LLC

FILED  
Jul 22, 2008  
Secretary of State

## Current Principal Place of Business:

3057 HAWKS GLEN  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

## Current Mailing Address:

3057 HAWKS GLEN  
TALLAHASSEE, FL 32312

## New Mailing Address:

P.O. BOX 547  
TALLAHASSEE, FL 32302

FEI Number: 47-0876287      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DESLOGE, BRYAN  
3057 HAWKS GLEN  
TALLAHASSEE, FL 32312      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: MGR ( ) Delete  
Name: DESLOGE, BRYAN  
Address: 3057 HAWKS GLEN  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DESLOGE, BRYAN  
Address: 3057 HAWKS GLEN  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Change (X) Addition  
Name: PROCTOR, THOMAS C JR  
Address: 3070 HAWKS GLEN  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Change (X) Addition  
Name: ALLEN, THOMAS W III  
Address: 401 E. VIRGINIA ST.  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS PROCTOR JR.

MGRM

07/22/2008

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