

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003965

Entity Name: F.A.C., LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3057 HAWKS GLEN  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 547  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 47-0876287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: MGRM  
Name: DESLOGE, BRYAN  
Address: 3057 HAWKS GLEN  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: MGRM  
Name: ALLEN, THOMAS W III  
Address: 1807 SAGEWAY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

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: TOM PROCTOR JR

MGRM

04/29/2011

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