

FILED  
Feb 20, 2003 8:00 am  
Secretary of State

02-06-2003 90023 031 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

2/1

DOCUMENT # L02000003965

1. Entity Name

F.A.C., LLC



Principal Place of Business

1213 MICCOSUKEE ROAD  
TALLAHASSEE FL 32308

Mailing Address

1213 MICCOSUKEE ROAD  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0876287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DESLOGE, BRYAN  
1213 MICCOSUKEE ROAD  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME                 | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|----------------|----------------|---------------------------------|
|       | Managing Partner     |                |                |                                 |
|       | Bryan Desloge        |                |                |                                 |
|       | 1213 Miccosukee Road |                |                |                                 |
|       | Tallahassee, FL      |                | 32308          |                                 |
|       |                      |                |                |                                 |
|       |                      |                |                |                                 |
|       |                      |                |                |                                 |
|       |                      |                |                |                                 |
|       |                      |                |                |                                 |
|       |                      |                |                |                                 |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|----------------|---------------------------------|-----------------------------------|
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |

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:

*Bryan Desloge*  
BRYAN DESLOGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/03

850-656-8900

Date

Daytime Phone #

CR2E083 (10/02)