

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013563

Entity Name: F & CM, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

New Principal Place of Business:

1476 MAIN ST
SARASOTA, FL 34237 US

Current Mailing Address:

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

New Mailing Address:

22 WATTS ST
#7
NEW YORK, NY 10013 US

FEI Number: 20-0886014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLUGNER, J. GEFREY
8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

MASCI, FERNANDO MANAGER
335 S. BISCAYNE BLVD
4201
MIAMI, FL 33131 US

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: COLOMBA MASCI

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MASCI, FERNANDO
Address: 22 WATTS STREET, APT 7
City-St-Zip: NEW YORK, NY 10013

Title: MGR () Delete
Name: MASCI, COLUMBA
Address: 22 WATTS STREET, APT 7
City-St-Zip: NEW YORK, NY 10013

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MASCI, FERNANDO
Address: 335 S. BISCAYNE BLVD #4201
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FERNANDO MASCI

MGR

03/16/2009

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