

FILED
Apr 19, 2005 08:00 AM
Secretary of State

1. Entity Name
FNC MEMBER, LLC



Mailing Address
2442 METROCENTRE BLVD.
WEST PALM BEACH, FL 33407-3105

DO NOT WRITE IN THIS SPACE



CR2E083 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

TITLE	MGR
NAME	ASSET SPECIALTIES, INC.
STREET ADDRESS	2442 METROCENTRE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 334073105

TITLE
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U00000316142
- 04/19/05-80063-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE _____

Daytime Phone #