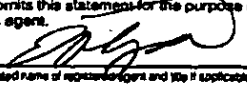
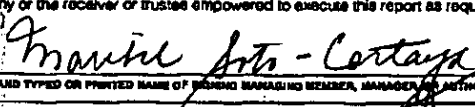


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/11

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-11-2004 90087 007 ****50.00

DOCUMENT # L03000038116			
1. Entity Name FDC, LLC			
Principal Place of Business P.O. BOX 452311 SUNRISE, FL 33345 US		Mailing Address P.O. BOX 452311 SUNRISE, FL 33345 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TRINLEY, PAUL T ESQ 1675 PALM BEACH LAKES BLVD. STE. 700 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name E.B. CARTAYA Street Address (P.O. Box Number is Not Applicable) 418 TAMARIND DR City HALLANDALE BEACH FL Zip Code 33009	
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 		DATE 8/25/04	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER E.B. CARTAYA 418 TAMARIND DR HALLANDALE BEACH, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-MANAGER MARIBEL SOTO-CARTAYA 418 TAMARIND DRIVE Hallandale Beach, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 606, Florida Statutes.			
SIGNATURE: 		Date 9-15-04 Daytime Phone # 1 866 452 2703	

34010447



08052004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0273581** Applied For Not Applicable

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