


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90041 002 \*\*\*\*55.00

**DOCUMENT # L03000040654**

1. Entity Name  
**FC SERVICES, LLC**



Principal Place of Business  
**1200 N. JACKS LAKE ROAD  
 CLERMONT, FL 34711**

Mailing Address  
**P.O. BOX 120041  
 CLERMONT, FL 34712-0041**

2. Principal Place of Business  
**1200 N JACKS LAKE ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 120041**  
 Suite, Apt. #, etc.

City & State  
**CLERMONT, FL**

City & State  
**CLERMONT, FL**

Zip  
**34711** Country  
**USA**

Zip  
**34712** Country  
**USA**

7100004J



04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**562410635**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORDERO, FERNANDO 1200 N. JACKS LAKE ROAD CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORDERO, ANGELITA 1200 N. JACKS LAKE ROAD CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Fernando Cordero 4/20/04 352-552-4554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #