

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 04, 2007 08:00 AM
Secretary of State**DOCUMENT # L03000053138**1. Entity Name
FNP, LLCPrincipal Place of Business
815 SE 1ST AVE
HALLANDALE, FL 33009Mailing Address
815 SE 1ST AVE
HALLANDALE, FL 33009

06012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3774171Applied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENWALD, DR. RETT
815 SE 1ST AVE
HALLANDALE, FL 33009**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's signature required when registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007****9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	GREENWALD, DR. BRETT
STREET ADDRESS	815 SE 1ST AVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80040-016 50.00**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. I am a managing member or manager of the limited liability company and have been authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/30/07 954-818-9494
Date Daytime Phone

CR# 1716