

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000017270

1. Entity Name

FPS PROPERTIES, LLC.



Principal Place of Business

1599 SW 30TH AVE.

1
BOYNTON BEACH FL 33426

Mailing Address

1599 SW 30TH AVE.

1
BOYNTON BEACH FL 33426



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number
20-0847763

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIGGIANI, JAMES V
11351 REGATTA LANE
WELLINGTON FL 33467

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

Signature, typed or printed name of registered agent and the LLC (if not a member)

(NOTE: Registered Agent's signature is required with filing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SARACENO, DANIEL
1599 SW 30TH AVE., STE. 1
BOYNTON BEACH FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VIGGIANI, JAMES V
11351 REGATTA LANE
WELLINGTON FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1000000832103
02/27/08-80046-015 138.75 ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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