

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047182

Entity Name: FSA GROUP, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-1301481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, THOMAS P
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARRIS, DAVID
Address: 1855 W. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCOVANNER, WESLEY D
Address: 1855 W. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WESLEY D. SCOVANNER

MGR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date