2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# L05000060615

Entity Name: FNC COMPANY, LLC

Current Principal Place of Business:

1497 MAIN ST #316
DUNEDIN, FL 34698 US

New Principal Place of Business:

1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 US

Current Mailing Address:

1497 MAIN ST #316
DUNEDIN, FL 34698 US

New Mailing Address:

1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 US

FEI Number: 11-3765049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VILLAVICENCIO, NELY G
1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 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: NELY VILLAVICENCIO

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	VILLAVICENCIO, NELY G	
Address:	1701 MAPLELEAF BLVD.	
City-St-Zip:	OLDSMAR, FL 34677 US	
Title:	MGRM	( ) Delete
Name:	VILLAVICENCIO, CHRISTINE G	
Address:	1701 MAPLELEAF BLVD.	
City-St-Zip:	OLDSMAR, FL 34677 US	
Title:	MGRM	( ) Delete
Name:	VILLAVICENCIO, FEDERICO L	
Address:	1701 MAPLELEAF BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	MGRM	( ) Delete
Name:	VILLAVICENCIO, CHRISTIAN G	
Address:	1701 MAPLELEAF BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	MGRM	( ) Delete
Name:	VILLAVICENCIO, CHRISTY G	
Address:	1701 MAPLELEAF BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	MGRM	( ) Delete
Name:	VILLAVICENCIO, CHRISTLER G	
Address:	1701 MAPLELEAF BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: NELY VILLAVICENCIO MGRM 04/12/2007

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