

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060615

Entity Name: FNC COMPANY, LLC

FILED
Feb 25, 2010
Secretary of State

Current Principal Place of Business:

1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

1701 MAPLELEAF BLVD.
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 11-3765049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: VILLAVICENCIO, NELY G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM
Name: VILLAVICENCIO, CHRISTINE G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM
Name: VILLAVICENCIO, FEDERICO L
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM
Name: VILLAVICENCIO, CHRISTIAN G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM
Name: VILLAVICENCIO, CHRISTY G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM
Name: VILLAVICENCIO, CHRISTLER G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

I hereby 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

PRES

02/25/2010

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