

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087709

FILED  
May 08, 2009  
Secretary of State

Entity Name: FTNR LLC

**Current Principal Place of Business:**

7002 SW 76 STREET  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7002 SW 76 STREET  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 20-3936539      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:**

TORRES DENAVARRA, ROSA M  
7002 SW 76 STREET  
MIAMI, FL, FL 33143      US

**Name and Address of New Registered Agent:**

TORRES DENAVARRA, ROSA M  
7002 SW 76 STREET  
MIAMI, FL 33143      US

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: ROSA TORRES DENAVARRA

05/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DEROSA, ROSA  
Address: 7002 SW 76 STREET  
City-St-Zip: MIAMI, FL 33143

Title: MGRM      ( ) Delete  
Name: TORRES DENAVARRA, ROSA M  
Address: 7002 SW 76 STREET  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES:**

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 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: ROSA DEROSA

MGRM

05/08/2009

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