

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000010858

Entity Name: FCLT, LLC

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6510 CELLINI ST.  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

6510 CELLINI ST.  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 20-4246354      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:**

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

MARTELL, FRANK J  
6510 CELLINI ST  
CORAL GABLES, FL 33146 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARTELL, FRANK J  
Address: 6510 CELLINI ST  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM  
Name: MARTELL, CARLOS  
Address: 5941 SW 83 ST  
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: MGRM  
Name: MARTELL, MARGARITA  
Address: 120 PALOMA DR  
City-St-Zip: CORAL GABLES, FL 33143

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: FRANK J MARTELL

MGRM

05/02/2010

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