2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L06000011759

Entity Name: FDO HOLDINGS, LLC

Current Principal Place of Business:

1840 N.W. 33RD STREET
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

1840 N.W. 33RD STREET
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 75-3208127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWAN, CHARLES
1840 N.W. 33RD STREET
POMPANO BEACH, FL 33064 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 ( ) Delete
Name: ROWAN, CHARLES
Address: 1840 N.W. 33RD STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR ( ) Delete
Name: SCHAFFER, ROBIN
Address: 1840 N.W. 33RD STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR ( ) Delete
Name: MARSH, CINDY
Address: 1840 N.W. 33RD STREET
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: MARSH, CINDY
Address: 11405 N.E. 120TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

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: CHARLES ROWAN MGRM 04/22/2009

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