

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035173

FILED
Jun 15, 2009
Secretary of State

Entity Name: FNS LLC

Current Principal Place of Business:

817 TRIANA STREET
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

817 TRIANA STREET
WEST PALM BEACH, FL 33413 US

New Mailing Address:

FEI Number: 20-8804788 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:

KHAN, SHAHZAD Y
817 TRIANA STREET
WEST PALM BEACH, FL 33413 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: SHAHZAD KHAN MD PA
Address: 817 TRIANA STREET
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: MGR (X) Delete
Name: AHMED, FAROOQ
Address: 4562 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGR (X) Delete
Name: NEMAT, EJAZ
Address: 334 OCTOBER STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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:

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: SHAHZAD KHAN

MGMR

06/15/2009

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