

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000039263

Entity Name: FAIN ENTERPRISE L.L.C.

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9541 OLD PLANK RD.  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

559 OLD MAGNOLIA RD.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 37-1554184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAIN, JOHN  
559 OLD MAGNOLIA RD.  
CRAWFORDVILLE, FL 32327 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: FAIN, JOHN  
Address: 559 OLD MAGNOLIA RD.  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JOHN FAIN

MGRM

01/10/2010

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