

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048098

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FYNAMY LLC

**Current Principal Place of Business:**

505 SOUTH PINE ISLAND RD  
#209  
PLANTATION, FL 33324

**New Principal Place of Business:**

7321 NW 37 ST  
#2  
DAVIE, FL 33024

**Current Mailing Address:**

505 SOUTH PINE ISLAND RD  
#209  
PLANTATION, FL 33324

**New Mailing Address:**

7321 NW 37 ST  
#2  
DAVIE, FL 33024

**FEI Number:** 51-0657288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PHINN, GARFIELD  
505 SOUTH PINE ISLAND RD  
#209  
PLANTATION, FL 33324 US

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

PHINN, GARFIELD  
7321 NW 37 ST  
#2  
DAVIE, FL 33024 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: GARFIELD PHINN

04/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PHINN, GARFIELD  
Address: 7321 NW 37 ST, #2  
City-St-Zip: DAVIE, FL 33024

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: GARFIELD PHINN

MGRM

04/27/2011

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