

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90182 013 \*\*\*138.75

**DOCUMENT # L07000059521**

1. Entity Name  
**F & N VENTURES, LLC**



Principal Place of Business  
**505 N.W. 65TH COURT  
FT. LAUDERDALE, FL 33309**

Mailing Address  
**505 N.W. 65TH COURT  
FT. LAUDERDALE, FL 33309**

**60022238**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**102**

Suite, Apt. #, etc.

**102**

City & State

City & State

02122008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**02-0809218**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132**

Name **FRANK RUSSO**

Street Address (P.O. Box Number is Not Acceptable)

**505 N.W. 65TH CT SUITE 102**

City **FT. LAUDERDALE**

FL

Zip Code **33309**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Frank M. Russo*

**FRANK RUSSO**

**4/8/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RUSSO, FRANK  
505 N.W. 65TH COURT  
FT. LAUDERDALE, FL 33309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LASTRANGE, NILE  
505 N.W. 65TH COURT  
FT. LAUDERDALE, FL 33309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 M. Russo* **FRANK RUSSO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/8/08** **X 954-714-7933**