2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/9/2008-90031-026-$138.75-$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -3 PM 3:35

08292008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000066651

1. Entity Name
FDC BUILDING SERVICES, LLC

Principal Place of Business	Mailing Address
2421 SOUTH RIDGE ROAD DELRAY BEACH, FL 33444 US	2421 SOUTH RIDGE ROAD DELRAY BEACH, FL 33444 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2532 ELLA STREET	2532 ELLA Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, Fl.	City & State: Delray Beach, Fl.
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. FEI Number: 02-0810648 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASIERI, FRANK D
2421 SOUTH RIDGE ROAD
DELRAY BEACH, FL 33444

see new address
ALL ELSE SAME

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 D. CASIERI
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 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CASIERI, FRANK D 2421 SOUTH RIDGE ROAD DELRAY BEACH, FL 33444 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Casieri, FRANK D 2532 ELLA Street Delray Beach, Fl 33444 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 D. CASIERI 9/5/08 561-860-0914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #