

2009 LLC ~~FOR-PROFIT CORPORATION~~
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

09 APR 22 PM 3: 03

DOCUMENT # L08-21833	
1. Entity Name	
FAC ENTERPRISE SERVICES LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2154 DARLINGTON DR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State THE VILLAGES, FL		City & State	
Zip 32162-7722	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-2080367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>The Millhorn Law Firm, LLC</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>13710 US Highway 441</i>	
Suite, Apt. #, etc. <i>Suite 100</i>	
City <i>The Villages</i>	Zip Code <i>32159</i>

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. ~~MANAGERS~~ OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <i>Francis A. Coscia</i> 2154 Darlington Drive The Villages, FL 32162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100151814141 04/22/09--01028--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <i>Carol A. Coscia</i> 2154 Darlington Drive The Villages, FL 32162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Francis A. Coscia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2009 352-205-8672

Date

Daytime Phone #