

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078391

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** FN FLORIDA SERVICES LLC

**Current Principal Place of Business:**

2501 TRAFALGAR BOULEVARD  
KISSIMMEE, FL 34758

**New Principal Place of Business:**

2499 TRAFALGAR BOULEVARD  
KISSIMMEE, FL 34758

**Current Mailing Address:**

P O BOX 691089  
ORLANDO, FL 32869

**New Mailing Address:**

**FEI Number:** 27-3126418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THURDEKOOS, CARLOS  
2501 TRAFALGAR BOULEVARD  
KISSIMMEE, FL 34758 US

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

THURDEKOOS, CARLOS  
2499 TRAFALGAR BOULEVARD  
KISSIMMEE, FL 34758 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:

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SOSA-LOZANO, LUIS A  
Address: 2499 TRAFALGAR BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM  
Name: CABRERA-PARRA, MONICA  
Address: 2499 TRAFALGAR BLVD  
City-St-Zip: KISSIMMEE, FL 34758

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: LUIS A. SOSA-LOZANO

MGRM

04/18/2011

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