

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112952

**FILED**  
**May 10, 2011**  
**Secretary of State**

**Entity Name:** FACS INVESTMENTS, LLC

**Current Principal Place of Business:**

1322 N. PINE HILLS RD  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 025307  
#POS 5895  
MIAMI, FL 331025307

**New Mailing Address:**

7979 NW 21ST STREET  
#POS 5895  
DORAL, FL 33122

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A.A. ALI CPA  
1322 N PINE HILLS RD  
ORLANDO, FL 32808 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAHADEO, ANDY  
Address: 7979 NW 21ST STREET, # POS 5895  
City-St-Zip: DORAL, FL 33122

Title: MGRM  
Name: MAHADEO, SHERRY-ANN  
Address: 7979 NW 21ST STREET, # POS 5895  
City-St-Zip: DORAL, FL 33122

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: ANDY MAHADEO

MM

05/10/2011

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