

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L98000001123

1. Entity Name
FDN, L.C.



Principal Place of Business
227 FAIRWAY DRIVE
ORMOND BEACH, FL 32176

Mailing Address
227 FAIRWAY DRIVE
ORMOND BEACH, FL 32176



01312007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-9108555

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, ROBERT
149 S RIDGEWOOD AVE
SUITE 500
DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FERRINI, VINO
13624 GAMMA ROAD
DALLAS, TX 75244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DESAI, PRAMILA
227 FAIRWAY DRIVE
ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NARAN, BHUPATRAI P
13624 GAMMA ROAD
DALLAS, TX 75244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000675810
03/30/07-80034-022 50.00

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IN THIS SPACE**

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: Robert Abraham, Reg. Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/07

Date

386-258-1222

Daytime Phone #