

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001864

Entity Name: FENS ASSOCIATES, LLC

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

939 SALEM STREET #3  
GROVELAND, MA 01834

**New Principal Place of Business:**

939 SALEM STREET UNIT 3  
GROVELAND, MA 01834

**Current Mailing Address:**

939 SALEM STREET #3  
GROVELAND, MA 01834

**New Mailing Address:**

939 SALEM STREET UNIT 3  
GROVELAND, MA 01834

FEI Number: 04-3571233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331 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: APICELLA, FRANK S  
Address: ONE CARLETON RD  
City-St-Zip: GROVELAND, MA 01834

Title: MGRM  
Name: NORTON, MICHAEL O  
Address: 65 TELEGRAPH STREET  
City-St-Zip: BOSTON, MA 02127

Title: MGRM  
Name: SFORZA, MICHAEL L  
Address: 1320 SUMMIT ROAD  
City-St-Zip: ALPHARETTA, GA 30004

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: FRANK S APICELLA

MGRM

02/08/2010

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