

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004254

Entity Name: FS2 CAPITAL PARTNERS, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

801 N. ORANGE AVENUE, STE. 815
ORLANDO, FL 32801

New Principal Place of Business:

801 N. ORANGE AVENUE,
STE. 815
ORLANDO, FL 32801

Current Mailing Address:

801 N. ORANGE AVENUE, STE. 815
ORLANDO, FL 32801

New Mailing Address:

801 N. ORANGE AVENUE,
STE. 815
ORLANDO, FL 32801

FEI Number: 26-0534899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARSON, SCOTT E
801 N. ORANGE AVENUE, STE. 815
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LARSON, SCOTT E
801 N. ORANGE AVENUE
STE. 815
ORLANDO, FL 32801 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LARSON, SCOTT E
Address: 801 N. ORANGE AVENUE, STE. 815
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SCOTT E. LARSON

MGRM

04/16/2009

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