

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028283

**Entity Name:** FAUP ENTERPRISES, LLC

**Current Principal Place of Business:**

401 E. ROBINSON ST., APT. 701  
ORLANDO, FL 32801

**Current Mailing Address:**

401 E. ROBINSON ST., APT. 701  
ORLANDO, FL 32801

**FEI Number:** 01-0749085

**Certificate of Status Desired:** No

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

FLICK, JAMES J  
112 LAKE AVENUE  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FAUP, JACK G  
Address 401 E. ROBINSON #701  
City-State-Zip: ORLANDO FL 32801

Title MGRM  
Name FAUP, MARIE-ANGE  
Address 401 E ROBINSON ST # 701  
City-State-Zip: ORLANDO FL 32801

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACK FAUP

MGRM

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date