

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103342

**Entity Name:** FORTRESS CAPITAL NOTE ACQUISITION LLC

**Current Principal Place of Business:**

365 SE 6TH AVENUE #401  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

P.O. BOX 1014  
CLEARWATER, FL 33757 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

YOUNGMAN, KARILYN  
365 SE 6TH AVENUE, #401  
DELRAY BEACH, FL 33483 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           MANAGER  
Name           YOUNGMAN, KARILYN  
Address        P.O. BOX 1014  
City-State-Zip: CLEARWATER FL 33757

Title           MANAGER  
Name           SCHNEIDER, KIMBERLY  
Address        P.O. BOX 1014  
City-State-Zip: CLEARWATER FL 33757

*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:** KARILYN YOUNGMAN

**MANAGER**

**04/23/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date