

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115671

**Entity Name:** FIDN LLC

**Current Principal Place of Business:**

5400 SOUTH UNIVERSITY DRIVE, #406  
DAVIE, FL 33328

**Current Mailing Address:**

5400 SOUTH UNIVERSITY DRIVE, #406  
DAVIE, FL 33328 US

**FEI Number:** 35-2425185

**Certificate of Status Desired:** No

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

SILVERSTEIN, KEITH D ESQ  
1177 KANE CONCOURSE STE 230  
BAY HARBOUR ISLAND, FL 33154 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 FRA INC  
Address 3351 N 41 CT  
City-State-Zip: HOLLYWOOD FL 33021

Title MGRM  
Name PLUOT INC  
Address 6620 SW 20TH ST  
City-State-Zip: PLANTATION FL 33317

*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:** PLUOT INC

**MGRM**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date