

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000053353

Entity Name: FCTS, LLC

Current Principal Place of Business:

4160 SW 141 AVE
DAVIE, FL 33330

Current Mailing Address:

4160 SW 141 AVE
DAVIE, FL 33330

FEI Number: 46-5349218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REDMOND, THOMAS
4160 SW 141 AVE
DAVIE, FL 33330 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 AMBR
Name REDMOND, THOMAS
Address 4160 SW 141 AVE
City-State-Zip: DAVIE FL 33330

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: THOMAS J. REDMOND

OWNER

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date