

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000163393

Entity Name: FNL IMPRESSIONS LLC

Current Principal Place of Business:

108 SOUTH MAIN AVE
MINNEOLA, FL 34715

Current Mailing Address:

PO BOX 1356
MINNEOLA, FL 34755

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, DAVID S
108 SOUTH MAIN AVE
MINNEOLA, FL 34715 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 MGR
Name WHITE, DAVID S
Address 108 SOUTH MAIN AVE
City-State-Zip: MINNEOLA FL 34715

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: DAVID SCOTT WHITE

MANAGER

04/30/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date