

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000032375

**Entity Name:** FXN, LLC

**Current Principal Place of Business:**

4099 TAMIAMI TRAIL NORTH  
STE 200  
NAPLES, FL 34103

**Current Mailing Address:**

4099 TAMIAMI TRAIL NORTH  
STE 200  
NAPLES, FL 34103 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WOHLBRANDT, CHRIS  
4099 TAMIAMI TRAIL NORTH  
STE 200  
NAPLES, FL 34103 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 WOHLBRANDT, CHRIS  
Address 4099 TAMIAMI TRAIL NORTH - STE  
200  
City-State-Zip: NAPLES FL 34103

*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:** CHRIS WOHLBRANDT

MGR

04/18/2017

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

\_\_\_\_\_  
Date