

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000103018

**Entity Name:** FSA, LLC

**Current Principal Place of Business:**

204 NORTH MAIN STREET  
CRESTVIEW, FL 32536

**Current Mailing Address:**

204 NORTH MAIN STREET  
CRESTVIEW, FL 32536

**FEI Number:** 81-2802591

**Certificate of Status Desired:** No

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

NATHAN D. BOYLES, P.A.  
204 NORTH MAIN STREET  
CRESTVIEW, FL 32536 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            BOYLES, NATHAN D  
Address        204 NORTH MAIN STREET  
City-State-Zip: CRESTVIEW FL 32536

*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:** NATHAN D. BOYLES

AMBR

01/11/2017

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

\_\_\_\_\_ Date