

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001864

**Entity Name:** FENS ASSOCIATES, LLC

**Current Principal Place of Business:**

939 SALEM STREET UNIT 3  
GROVELAND, MA 01834

**Current Mailing Address:**

PO BOX 186  
GROVELAND, MA 01834 US

**FEI Number:** 04-3571233

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 APICELLA, FRANK S  
Address PO BOX 163  
City-State-Zip: GROVELAND MA 01834

Title MGRM  
Name NORTON, MICHAEL O  
Address 65 TELEGRAPH STREET  
City-State-Zip: BOSTON MA 02127

Title MGRM  
Name SFORZA, MICHAEL L  
Address 1320 SUMMIT ROAD  
City-State-Zip: ALPHARETTA GA 30004

*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:** FRANK S. APICELLA

**MANAGING MEMBER**

**01/13/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date