

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051858

1. Entity Name
BARRY FAIL, LLC



Principal Place of Business
**5315 SHORELINE CIRCLE
SANFORD, FL 32771**

Mailing Address
**5315 SHORELINE CIRCLE
SANFORD, FL 32771**



01162005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3250004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FAIL, BARRY
5315 SHORELINE CIRCLE
SANFORD, FL 32771**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FAIL, BARRY A
5315 SHORELINE CIR.
SANFORD, FL 32771**

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CITY-ST-ZIP

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UN00000314028
04/18/05-80149-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/16/05 407-832-3369