

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013722

FILED
Apr 07, 2009
Secretary of State

Entity Name: FARMOR HAY, LLC

Current Principal Place of Business:

2379 BEVILLE ROAD
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

2379 BEVILLE ROAD
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 20-8384817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGAN, J. ANDREW
2379 BEVILLE ROAD
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORI FARM MANAGEMENT, , LLC
Address: 2379 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PST (X) Change () Addition
Name: HOSSEINI-KARGAR, MORTEZA
Address: 2379 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Change (X) Addition
Name: IRLAND, CHARLENE B
Address: 2379 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Change (X) Addition
Name: HAAS, DAVID
Address: 2379 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MORTEZA HOSSEINI-KARGAR

P

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date