

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073554

Entity Name: FARE HOLDINGS, L.L.C.

FILED  
Sep 24, 2009  
Secretary of State

**Current Principal Place of Business:**

2820 SW 31ST LANE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2820 SW 31ST LANE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-5306880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

THRESHER, FRANK  
2820 SW 31ST LANE  
CAPE CORAL, FL 33914      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: THRESHER, FRANK  
Address: 2820 SW 31ST LANE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR      ( ) Delete  
Name: THRESHER, ANGELA  
Address: 2820 SW 31 LN  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANK THRESHER

MGR

09/24/2009

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