2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2016
Secretary of State
CC1605251214

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Entity Name: BARRY FAIL, LLC

Current Principal Place of Business:

5315 SHORELINE CIRCLE
SANFORD, FL 32771

Current Mailing Address:

5315 SHORELINE CIRCLE
SANFORD, FL 32771

FEI Number: 59-3250004

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIL, BARRY A
5315 SHORELINE CIRCLE
SANFORD, FL 32771 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	FAIL, BARRY A
Address	5315 SHORELINE CIR.
City-State-Zip:	SANFORD FL 32771

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: BARRY A. FAIL PRESIDENT/OWNER 02/09/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date