

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000077190

**Entity Name:** FAZENDAS OF FLORIDA LLC

**Current Principal Place of Business:**

3352 N CHAMBERLAIN BLVD  
NORTH PORT, FL 34286-9303

**Current Mailing Address:**

3352 N CHAMBERLAIN BLVD  
NORTH PORT, FL 34286-9303

**FEI Number:** 45-5463647

**Certificate of Status Desired:** No

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

FAZENBAKER, GARY  
3352 N CHAMBERLAIN BLVD  
NORTH PORT, FL 34286-9303 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 FAZENBAKER, GARY  
Address 3352 N CHAMBERLAIN BLVD  
City-State-Zip: NORTHPORT FL 34286

Title MGRM  
Name FAZENBAKER, DEBRA  
Address 3352 N CHAMBERLAIN BLVD  
City-State-Zip: NORTHPORT FL 34286

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY FAZENBAKER

**MANAGER**

**01/11/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date