

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001549

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC6662736827**

**Entity Name:** MY FAVORITE GUITARS LLC

**Current Principal Place of Business:**

2377 LINWOOD AVENUE  
SUITE 204  
NAPLES, FL 34112

**Current Mailing Address:**

2377 LINWOOD AVENUE  
SUITE 204  
NAPLES, FL 34112

**FEI Number:** 16-1624470

**Certificate of Status Desired:** No

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

GARON, SHARON K  
2377 LINWOOD AVENUE  
SUITE 204  
NAPLES, FL 34112 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            GARON, SHARON K  
Address        2377 LINWOOD AVENUE, #204  
City-State-Zip: NAPLES FL 34112

Title            MGRM  
Name            GARON, JON R  
Address        2377 LINWOOD AVENUE, #204  
City-State-Zip: NAPLES FL 34112

*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:** SHARON GARON

**MGRM**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date