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Jan 14, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000011522 **Secretary of State** 1. Entity Name 01-14-2002 90028 017 ****50.00 FARRINGTON 26, L.L.C. Principal Place of Business Mailing Address 3595 GORDON DR. 3595 GORDON DR. 902283 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3673123 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RYAN, JEAN A Street Address (P.O. Box Number is Not Acceptable) C/O BOND, SCHOENECK & KING, P.A. 4001 TAMIAMI TRAIL NORTH, STE. 404 NAPLES FL 34103 City Zip Code 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE Delete Change ☐ Addition TITLE YAWNEY, EDWARD T NAME NAME STREET ADDRESS 3595 GORDON DR. STREET ADDRESS CR2E083 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 TITLE MGRM Delete TITLE Change ☐ Addition NAME YAWNEY, SUSAN O NAME STREET ADDRESS STREET ADDRESS 3595 GORDON DR. CITY-ST-7IP NAPLES FL 34102 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Eduração