2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Apr 07, 2008 08:00 A Secretary of State DOCUMENT # L00000016302 1. Entity Name JOSEPH D. FARISH, JR., LLC Principal Place of Business Mailing Address 316 BANYAN BLVD. 316 BANYAN BLVD. WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) Applied For City & State City & State 59-0686004 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARISH, JOSEPH D JR. Street Address (P.O. Box Number is Not Acceptable) 316 BANYAN BLVD. WEST PALM BEACH FL 33401 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or primed name of registered agent and title if applicable DATE (NOTE: Rehistered Apent's dilatuse required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS ☐ Addition TITLE Delete Change NAME FARISH, JOSEPH D JR NAME 04/16/08-80064-011 138.75 STREET ADDRESS STREET ADDRESS 316 BANYAN BLVD CITY-ST-7:P CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE ☐ Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TOTLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delate Change Addition STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.