2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90187 025 ****50.00

DOCUMENT # L01000002090

1. Entity Name
F & A FLORIDA, LLC

Principal Place of Business	Mailing Address
12233 S.W. 132 CT MIAMI, FL 33186	P.O. BOX 941057 MIAMI, FL 33194

2000/349

02032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
12791 SW 16 ST			
Suite, Apt #, etc		Suite, Apt #, etc	
City & State Miami FL		City & State	
Zip 33175	Country USA	Zip	Country

4. FEI Number 74-3039237 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARINI, FRANCO 9470 FONTAINEBLEAU BLVD., #22 MIAMI, FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	P	☐ Delete
NAME	CARINI, FRANCO	
STREET ADDRESS	9419 FONRAINBLEAU BLVD. #207	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	S	☐ Delete
NAME	BERTOLDI, ANTONIA	
STREET ADDRESS	9419 FONRAINBLEAU BLVD. #207	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #