

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000003895

1. Entity Name

FARRIOR VENTURES, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:19

Principal Place of Business
3112 ANGELES ST.
TAMPA FL 33629

Mailing Address
3112 ANGELES ST.
TAMPA FL 33629



2. Principal Place of Business

3. Mailing Address

2607 W. SUNSET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

TAMPA, FL.

4. FEI Number

59-3711463

Applied For

Not Applicable

Zip

Country

Zip

Country

33629

USA

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

GARDNER, MERRITT A
401 E. JACKSON ST., STE. 2650
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE NAME	MEM FARRIOR, MARY LEE	<input type="checkbox"/> Delete
STREET ADDRESS	3112 ANGELES ST.	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE NAME	MGR FARRIOR, HUGH	<input type="checkbox"/> Delete
STREET ADDRESS	2607 W SUNSET DR	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	000080190770
CITY - ST - ZIP	09/26/06--01064--008 **50.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

9/26/06

251-6090