

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000006062

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** FALLER FAMILY, LLC

**Current Principal Place of Business:**

C/O ROBERT FALLER  
5777 BEECHWOOD TRAIL  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT FALLER  
5777 BEECHWOOD TRAIL  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 59-3714238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

YOVANEVICH, RICHARD ESQ  
GOODLETTE COLEMAN JOHNSON, P.A.  
NO. TRUST BK BLDG.-4001 TAMiami TRL N  
NAPLES, FL 34103 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FALLER, CHARLES S JR.  
**Address:** 3880 RUM ROW  
**City-St-Zip:** NAPLES, FL 34102

**Title:** MGRM  
**Name:** FALLER, ROBERT O  
**Address:** 5777 BEECHWOOD TRAIL  
**City-St-Zip:** FORT MYERS, FL 33919

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** JAMES J. LAVO II

TRS

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date