

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L01000013866**

1. Entity Name  
**FARR L.C.**



Principal Place of Business  
**1778 S.W. CABIN PLACE  
PALM CITY, FL 34990**

Mailing Address  
**1778 S.W. CABIN PLACE  
PALM CITY, FL 34990**



01132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1129824**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEVICO, FRANK J  
1778 SW CABIN PLACE  
PALM CITY, FL 34990**

**DO NOT WRITE  
IN THIS SPACE**

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: **FRANK J. DEVICO** *Frank J. Devico* **1-13-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
DEVICO, LYNN A  
1778 SW CABIN PLACE  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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1100000393410  
01/25/06-F0016-023 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Frank J. Devico* **FRANK J. DEVICO** **1-13-06 (112) 215-5821**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #