

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027466

1. Entity Name
MFAR, LLC



Principal Place of Business

215 NORTH FEDERAL HWY
SUITE 1
BOCA RATON, FL 33432

Mailing Address

215 NORTH FEDERAL HWY
SUITE 1
BOCA RATON, FL 33432

FILED
08 MAR 21 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
56-2396018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATMASIAN, JAMES
215 NORTH FEDERAL HWY
SUITE 1
BOCA RATON, FL 33432

**DO NOT WRITE
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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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BATMASIAN, JAMES
215 NORTH FEDERAL HWY SUITE 1
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/06/08