

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 11, 2006 8:00 am
Secretary of State

05-08-2006 90043 035 ****50.00
09-11-2006 90092 031 ****50.00

DOCUMENT # L03000038088

1. Entity Name
FARR, LLC



Principal Place of Business
**629 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955**

Mailing Address
**629 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955**

40100100



DO NOT WRITE IN THIS SPACE

07252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
80-0115052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUGHAN, SCOTT M ESQ.
1290 FEDERAL HIGHWAY
ROCKLEDGE, FL 32955**

**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

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
AGUILO-SEARA, FRANCISCO J
1974 ROCKLEDGE BLVD SUITE 2A, 2B
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEBER, RICHARD J
1974 ROCKLEDGE BLVD SUITE 2A, 2B
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TOBKES, ANDREW I
1974 ROCKLEDGE BLVD SUITE 2A, 2B
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GOMEZ, REX L
1974 ROCKLEDGE BLVD SUITE 2A, 2B
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LACANO, ABELARDO V
1974 ROCKLEDGE BLVD SUITE 2A, 2B
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

7/25/06

Date

Daytime Phone #

(321) 433-3000