

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90345 045 ****50.00

60036880



03142007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBER, RICHARD J 1974 ROCKLEDGE BLVD SUITE 2A, 2B ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TOBKES, ANDREW I 1974 ROCKLEDGE BLVD SUITE 2A, 2B ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOMEZ, REX L 1974 ROCKLEDGE BLVD SUITE 2A, 2B ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LACANO, ABELARDO V 1974 ROCKLEDGE BLVD SUITE 2A, 2B ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard J. Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE


4/10/07

Date Daytime Phone #

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

60036880

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	
2. Principal Place of Business - No P.O. Box # 1974 ROCKLEDGE BLVD Suite, Apt. #, etc. SUITE 2A, 2B		3. Mailing Address 1007 BEVERLY DR Suite, Apt. #, etc.	
City & State ROCKLEDGE, FL		City & State ROCKLEDGE, FL	
Zip 32955		Zip 32955	
Country		Country	
4. FEI Number 80-0115052		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03142007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BAUGHAN, SCOTT M ESQ. 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Delete
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	