

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000057641

Entity Name: FARA, LLC

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

13740 DOWNING LANE
Y-1
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

13740 DOWNING LANE
Y-1
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-1446411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FERDINAND, ACKERMANN
13740 DOWNING LANE
Y-1
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

FERDINAND, ACKERMANN MGRM
13740 DOWNING LANE
Y-1
FORT MYERS, FL 33919 US

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: FERDINAND ACKERMANN, ESQ.

10/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WICKRAMASINGHE, RITA
Address: 13740 DOWNING LANE Y-1
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: ACKERMANN, FERDINAND
Address: 13740 DOWNING LANE Y-1
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: FERDINAND ACKERMANN

MGRM

10/06/2005

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