

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000059187

1. Entity Name
FAUX BY O L.L.C.



**FILED
Sep 06, 2005 8:00 am
Secretary of State**

09-06-2005 90045 025 ****55.00

Principal Place of Business
4188 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328

Mailing Address

4188 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328

2. Principal Place of Business
4188 S. PINE IS. RD.

Suite, Apt. #, etc.

N/A

3. Mailing Address
4188 S. PINE IS. RD.

Suite, Apt. #, etc.

N/A

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

BROWARD

Zip

33328

Country

BROWARD

08012005 Chg-LLC CR2E083 (10/03)

4. FEI Number

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATANTS, STEVEN A
4188 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328

Name

CORRECT

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

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 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME MATANTS, STEVEN A
STREET ADDRESS 4188 SOUTH PINE ISLAND ROAD
CITY-ST-ZIP DAVIE, FL 33328

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *ATG.WA*

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

09/01/05 954-439-4298
Date Daytime Phone #