LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State
03-31-2006 90181 041 ****55.00

DOCUMENT # L04000081830

1. Entity Name
FAMATI LLC

DO NOT WRITE IN THIS SPACE

20023110

CR2E083B (8/05)

2. Principal Place of Business	3. Mailing Address
1400 E SILVER STAR RD	1400 E SILVER Star RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCOEE	City & State: OCOEE
Zip: 34761 Country: USA	Zip: 34761 Country: USA

4. FEI Number: 201875749 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR/MBR SULTAN MOHAMMAD 2712 MANGOSTINE LANE OCOEE FL 34761
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR/MBR FARDOUS RANA A. 1254 VIA CAYA LAKE RD APT 209 OCOEE FL 34761
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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: _____ 03/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #