

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90034 017 ****50.00

DOCUMENT # L05000004624

1. Entity Name
417 FARMINGTON, L.L.C.



Principal Place of Business
675 WEST TROPICAL WAY
PLANTATION, FL 33317

Mailing Address
675 WEST TROPICAL WAY
PLANTATION, FL 33317

60040134



04152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
05-0616630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALES DRAKE, JENNIFER
675 WEST TROPICAL WAY
PLANTATION, FL 33317

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DRAKE, JENNIFER B
675 W. TROPICAL WAY
PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DRAKE, ~~DRAKE~~ GARY
675 W. TROPICAL WAY
PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 _____

Jennifer Bales Drake
Managing Member
JENNIFER BALES DRAKE