


FILED
Mar 29, 2006 8:00 am
Secretary of State

2/1

02-10-2006 90172 014 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000051234			
1. Entity Name FAA, LLC			
Principal Place of Business 341 W. COLUMBIA AVE SUITE C KISSIMMEE, FL 34741		Mailing Address 341 W. COLUMBIA AVE SUITE C KISSIMMEE, FL 34741	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent FIRKATOUNE, ABDELAZIZ 341 W. COLUMBIA SUITE C KISSIMMEE, FL 34741		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIRKATOUNE, ABDELAZIZ 341 W. COLUMBIA AVE SUITE C KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemption 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: <u>Abdelaziz Firkatoune</u>		3/23/06	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Owner/Manager</small>	

FEI 202885573



02032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 202885573 Applied For Not Applicable

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



ATTACHMENT
30003168

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

FAA, LLC
341 W. COLUMBIA AVE
SUITE C
KISSIMMEE, FL 34741

Subject: FAA, LLC

Reference Number: L05000051234

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MS
ANNUAL REPORTS SECTION