

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064128

Entity Name: FAR FROM GONE, LLC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

369 BEACON STREET
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

369 BEACON STREET
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 51-0546994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVESTRI, SUSANA
369 BEACON STREET
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SILVESTRI, SUSANA
Address: 369 BEACON STREET
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM () Delete
Name: IRVING, JEFFREY
Address: 369 BEACON STREET
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM (X) Delete
Name: HERMAN, AARON
Address: 369 BEACON STREET
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM (X) Delete
Name: SILVESTRI, JAMES T JR
Address: 369 BEACON STREET
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM (X) Delete
Name: NOCELLA, GREGORY
Address: 369 BEACON STREET
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SILVESTRI, JAMES T JR
Address: 369 BEACON STREET
City-St-Zip: TEQUESTA, FL 33469

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

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 Chapter 119, 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: SUSANA SILVESTRI

MGR

04/30/2006

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