

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90082 033 ****55.00

DOCUMENT # L05000083165

1. Entity Name

FARRAH'S DECORATIVE FABRICS, LLC



Principal Place of Business

3253 N.W. FEDERAL HIGHWAY
JENSEN BEACH FL 34957

Mailing Address

3253 N.W. FEDERAL HIGHWAY
JENSEN BEACH FL 34957



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

05-0626531

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICKERSON, MOUFIDA
396 N.W. 5TH TERRACE
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

NICKERSON, MOUFIDA

Street Address (P.O. Box Number is Not Acceptable)

396 NW 45th TERRACE

City

DEERFIELD BEACH FL

Zip Code

33442

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 is typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	NICKERSON, MOUFIDA	
STREET ADDRESS	396 N.W. 5TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, MOUFIDA	
STREET ADDRESS	396 NW 45th TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Infemia Duce Solomano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/02/07

Date

772-232-4177

Daytime Phone #