

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040405

Entity Name: F.A.R.E., LLC

FILED  
Mar 24, 2008  
Secretary of State

## Current Principal Place of Business:

2810 CYPRESS TRACE CIRCLE  
APT #2128  
NAPLES, FL 34119

## New Principal Place of Business:

## Current Mailing Address:

29 RUDOLPH TERRACE  
YONKERS, NY 10701

## New Mailing Address:

FEI Number: 20-4746086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OATES, MARC F ESQ  
MARC F. OATES, P.A.  
5515 BRYSON DRIVE, SUITE 502  
NAPLES, FL 34109 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: MGRM ( ) Delete  
Name: DEVITT, ROBERT F  
Address: 29 RUDOLPH TERRACE  
City-St-Zip: YONKERS, NY 10701

Title: MGRM ( ) Delete  
Name: DEVITT, ANDREA M  
Address: 29 RUDOLPH TERRACE  
City-St-Zip: YONKERS, NY 10701

Title: MGRM ( ) Delete  
Name: KOTLER, ELLIOT  
Address: 1 MARIA LANE  
City-St-Zip: OSSINING, NY 10562

Title: MGRM ( ) Delete  
Name: BROSTOWICZ, FRANCINE  
Address: 2 MOUNTAIN RD  
City-St-Zip: PLEASANTVILLE, NY 10570

## ADDITIONS/CHANGES:

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

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 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: ROBERT F. DEVITT

MR>

03/24/2008

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