


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90111 014 ***138.75

DOCUMENT # L06000101627 1. Entity Name FARBEARZ, LLC					
Principal Place of Business 17450 SE 93RD VINE AVENUE THE VILLAGES, FL 32162			Mailing Address 17450 SE 93RD VINE AVENUE THE VILLAGES, FL 32162		
2. Principal Place of Business - No P.O. Box # 11962 CR 101		3. Mailing Address Suite, Apt. #, etc. 403			
City & State The Villages FL		City & State The Villages FL			
Zip 32162		Country USA		4. FEI Number 20-5736489	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEATTIE, WINONA 17450 SE 93RD VINE AVENUE THE VILLAGES, FL 32162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEATTIE, WINONA 17450 SE 93RD VINE AVENUE THE VILLAGES, FL 32162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Winona Beattie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-14-08 352-638-2520 <small>Date Daytime Phone #</small>		

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