

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000109352

1. Entity Name
FAUX ILLUSIONS LLC



Principal Place of Business
1885 FLORIDA CLUB DRIVE
8107
NAPLES, FL 34112

Mailing Address
1885 FLORIDA CLUB DRIVE
8107
NAPLES, FL 34112

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8996825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAAVEDRA, CARLOS V
1885 FLORIDA CLUB DRIVE
8107
NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SAAVEDRA, CARLOS V
1885 FLORIDA CLUB APT.8107
NAPLES, FL 34112

TITLE
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U000000955512
07/18/08-80001-004 138.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/15/08 (201) 821 1481