

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

02-22-2008 90039 033 ***138.75

DOCUMENT # L07000006364

1. Entity Name
FAR RESTAURANT ENTERPRISES LLC



Principal Place of Business
**200 SOUTH BISCAYNE BOULEVARD, STE 5300
MIAMI, FL 33131**

Mailing Address
**200 SOUTH BISCAYNE BOULEVARD, STE 5300
MIAMI, FL 33131**

30010413

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

1643 BRICKELL AVE

3. Mailing Address

1643 BRICKELL AVE

Suite, Apt. #, etc.

APT 2702

Suite, Apt. #, etc.

APT 2702

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129

Country

USA

Zip

33129

Country

USA

01232008 Chg-LLC CR2E083 (12/08)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name **ANTONIO S. FERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)
1643 BRICKELL AVE

APT 2702

City

MIAMI

FL

Zip Code

33129

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

Antonio S. Fernandez

ANTONIO S. FERNANDEZ

MEMBER

BOARD OF MANAGERS 2/18/2008

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

(NOTE: Registered Agent signature required when reappointing)

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

TITLE **MANAGING MEMBER** ☐ Delete

NAME **FRANK AREY**
STREET ADDRESS **80 NW 22ND AVE**
CITY-STATE-ZIP **MIAMI, FL 33125**

TITLE **MANAGING MEMBER** ☐ Delete

NAME **RODOLFO FUERTE**
STREET ADDRESS **FINE FAIRS SUPER MKTS**
CITY-STATE-ZIP **1721 FT LEEY, BRONX, NY 10472**

TITLE **MANAGING MEMBER** ☐ Delete

NAME **ANTONIO S. FERNANDEZ**
STREET ADDRESS **1643 BRICKELL AVE #2702**
CITY-STATE-ZIP **MIAMI, FL 33129**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Antonio S. Fernandez

2/18/2009

305-588-5619

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

Date

Daytime Phone #

ATTACHMENT
30010413

Division of Corporations
P.O. Box 8800
Tallahassee, FL 32314

Re: Far Restaurant Enterprises LLC
1643 Brickell Ave Apt 2702
Miami, FL 33129

Document# L0700000364

July 9th, 2008

I received the enclosed Notice of Intent to Cancel.

I filed the form in time and made the payment.

I was told on my call that Box 4 was blank. I never received notice of the incomplete form.

Enclosed is a copy of the original form I filed with Box 4 filled indicating Not applicable.

Sorry for my mistake and hope this resolves the issue

Respectfully



Antonio S, Fernandez