## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051154

Name:

Entity Name: AARON A. FARMER, P.L.

FILED Mar 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

999 VANDERBILD BEACH RD, STE606 999 VANDERBILT BEACH RD NAPLES, FL 34108

SUITE 606

NAPLES, FL 34108

**Current Mailing Address: New Mailing Address:** 

999 VANDERBILD BEACH RD, STE606 999 VANDERBILT BEACH RD NAPLES, FL 34108 US

SUITE 606

NAPLES, FL 34108 US

FEI Number: 26-0142518 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AARON A. FARMER, P.L. FARMER, AARON A 999 VANDERBILT BEACH ROAD 999 VANDERBILT BÉACH ROAD

SUITE 606 SUITE 606 NAPLES, FL 34102 US NAPLES, FL 34108 US

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.

Name:

SIGNATURE: AARON A. FARMER 03/30/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change ( ) Addition

FARMER, AARON A FARMER, AARON A Address: 999 VANDERBILD BEACH RD, STE606 Address: 999 VANDERBILT BEACH RD, STE606

City-St-Zip: NAPLES, FL 34108 US City-St-Zip: NAPLES, FL 34108 US

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: AARON A. FARMER 03/30/2009