

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108069

Entity Name: FARAWAY FRIENDS, LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

4000 PONCE DE LEON BLVD, STE 470
CORAL GABLES, FL 33146 US

New Principal Place of Business:

4000 PONCE DE LEON BLVD,
SUITE 470
CORAL GABLES, FL 33146 US

Current Mailing Address:

4000 PONCE DE LEON BLVD, STE 470
CORAL GABLES, FL 33146 US

New Mailing Address:

4000 PONCE DE LEON BLVD,
SUITE 470
CORAL GABLES, FL 33146 US

FEI Number: 26-1942571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YANIZ, SILVIA M
1172 SOUTH DIXIE HIGHWAY
#403
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

YANIZ, SILVIA M
4000 PONCE DE LEON BLVD,
SUITE 470
CORAL GABLES, FL 33146 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.

SIGNATURE: SILVIA YANIZ

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YANIZ, SILVIA M
Address: 1172 SOUTH DIXIE HIGHWAY, #403
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM () Delete
Name: HERNANDEZ, ANA M
Address: 1172 SOUTH DIXIE HIGHWAY, #403
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YANIZ, SILVIA M
Address: 4000 PONCE DE LEON BLVD, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, ANA M
Address: 4000 PONCE DE LEON BLVD, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146 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: SILVIA YANIZ

PRES

02/04/2009

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