

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091239

FILED  
Jul 28, 2009  
Secretary of State

Entity Name: FARO INTERNATIONAL GROUP, LLC

**Current Principal Place of Business:**

920 HONEYBEE DRIVE  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

920 HONEYBEE DRIVE  
NAPLES, FL 34120

**New Mailing Address:**

FEI Number: 42-1767191      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DON GONZALEZ, P.A.  
1820 N CORP LAKES BLVD  
201  
WESTON, FL 33326 US

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

ACCOUNTING PLUS MORE  
4100 CORPORATE SQ  
150  
NAPLES, FL 34104 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: YUDERCA BARBERA

07/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRG ( ) Delete  
Name: ALVAREZ, OSVALDO  
Address: 920 HONEYBEE DRIVE  
City-St-Zip: NAPLES, FL 34120

Title: MGRM ( ) Delete  
Name: ALVAREZ, GABRIEL  
Address: 920 HONEYBEE DRIVE  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OSVALDO ALVAREZ

MGR

07/28/2009

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