


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000001549 1. Entity Name MY FAVORITE GUITARS LLC	
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Principal Place of Business 2377 LINWOOD AVENUE SUITE 204 NAPLES, FL 34112	Mailing Address 2377 LINWOOD AVENUE, SUITE 204 NAPLES, FL 34112
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 16-1624470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARON, SHARON K
 2377 LINWOOD AVENUE
 SUITE 204
 NAPLES, FL 34112

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARON, SHARON K 2377 LINWOOD AVENUE, #204 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARON, JON R 2377 LINWOOD AVENUE, #204 NAPLES, FL 34112
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 01/07/08-80013-002 138.75

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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: *Sharon K. Garon* SHARON K. GARON 1-04-08 239-530-7425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #