

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091559

FILED
Jun 06, 2007
Secretary of State

Entity Name: ARMANELLY, LLC

Current Principal Place of Business:

1514 NORTH DIXIE HIGHWAY
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

415 WEST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

3389 SHERIDAN STREET
564
HOLLYWOOD, FL 33021 US

New Mailing Address:

415 WEST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

FEI Number: **FEI Number Applied For (X)** **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:

SOUTH FLORIDA TAX
1514 NORTH DIXIE HIGHWAY
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SOUTH FLORIDA TAX
415 WEST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 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: SCOTT E ITKIN

06/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUYALE, ARMANDO
Address: 3389 SHERIDAN STREET, 564
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MUYALE, ARMANDO
Address: 415 WEST HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009 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: ARMANDO MUYALE

MGRM

06/06/2007

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