

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000091559

**FILED**  
**Mar 10, 2009**  
**Secretary of State**

**Entity Name:** ARMANELLY, LLC

**Current Principal Place of Business:**

415 WEST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

5001 S. UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 US

**Current Mailing Address:**

415 WEST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

5001 S. UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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  
415 WEST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 US

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

SOUTH FLORIDA TAX  
5001 S UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 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

03/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MUYALE, ARMANDO  
Address: 5001 S UNIVERSITY DR, STE B  
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM ( ) Change (X) Addition  
Name: MUYALE, ELISABETH  
Address: 5001 S UNIVERSITY DR, STE B  
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM ( ) Change (X) Addition  
Name: MUYALE, ANTONIO  
Address: 5001 S UNIVERSITY DR, STE B  
City-St-Zip: DAVIE, FL 33328 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

03/10/2009

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