


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90043 020 ****50.00

DOCUMENT # L06000097566

1. Entity Name
ARM LLC



Principal Place of Business
**218 SO. U.S. HWY. 1, SUITE 101-A
 TEQUESTA, FL 33469**

Mailing Address
**218 SO. U.S. HWY. 1, SUITE 101-A
 TEQUESTA, FL 33469**

00040J01

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02092007 Chg-LLC CR2E083 (12/06)



6. Name and Address of Current Registered Agent

**ANDERSON, DANA
 218 SO. U.S. HWY. 1, SUITE 101-A
 TEQUESTA, FL 33469**

4. FEI Number
11-3792619

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, DANA 218 SO. U.S. HWY. 1, SUITE 101-A TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, CAROL W 218 SO. U.S. HWY. 1, SUITE 101-A TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **4-23-07** **561-797-2218**

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