

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030788

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** ALMACA INVESTMENTS, LLC.

**Current Principal Place of Business:**

8390 SW 72ND. AV  
APT 203  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

1041 CROFTON LANDING  
SUWANEE, GA 30024

**New Mailing Address:**

1041 CROFTON LANDING  
SUWANEE, GA 30024 US

FEI Number: 20-8699557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANDOVAL, CAROLINA  
1041 CROFTON LANDING  
SUWANEE, FL 30024 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ATIAS, JOSE M  
Address: CALLE 3-B EDIF COMUNDU #1A LA URBINA  
City-St-Zip: CARACAS VENEZUELA, VE XXXXX

Title: MGRM  
Name: TRIAS, MARIA T  
Address: CALLE 3-B EDIF COMUNDU #1A LA URBINA  
City-St-Zip: CARACAS VENEZUELA, VE XXXXX

Title: MGRM  
Name: ATIAS, JOSE M JR  
Address: CALLE 3-B EDIF COMUNDU #1A LA URBINA  
City-St-Zip: CARACAS VENEZUELA, VE XXXXX

Title: MGRM  
Name: ATIAS, JOSE A  
Address: CALLE 3-B EDIF COMUNDU #1A LA URBINA  
City-St-Zip: CARACAS VENEZUELA, VE XXXXX

Title: MGRM  
Name: SANDOVAL, CAROLINA  
Address: 1041 CROFTON LANDING  
City-St-Zip: SUWANEE, GA 30024

I hereby 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: CAROLINA SANDOVAL

MGRM

04/19/2011

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