

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117088

FILED
Apr 27, 2009
Secretary of State

Entity Name: ARKITECTOUR LLC

Current Principal Place of Business:

1403 BETTON ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 1385
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 26-2047291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, KIMBERLY L
2121-G KILLARNEY WAY
TALLAHASSEE, FL 32309 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: MGR () Delete
Name: ROBLES, EDUARDO
Address: PO BOX 1385
City-St-Zip: TALLAHASSEE, FL 32302

Title: MGR () Delete
Name: PABON, ARLEEN
Address: PO BOX 1385
City-St-Zip: TALLAHASSEE, FL 32302

Title: MGR () Delete
Name: GONZALEZ, KAREN
Address: B STREET, A-14 EXT. LA ALAMEDA
City-St-Zip: SAN JUAN, PUERTO RICO 00926, XX

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDUARDO ROBLES

MGR

04/27/2009

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