## 8000111101

(Address)	000179955980
(City/State/Zip/Phone #)	( 05/24/1001054005 **3
From: Nemen ARA, INC.  DBA Kingdom Lique  3930 SW 875T  Coral GABIRS FI  Certified Copies Certificates of Status	33134 30 HAY 24 AM 9: 00
Office Use Only	RARDI

\*\*35.00



May 11, 2010

NEMER ARA, INC. 1050 BRICKELL AVE #2020 MIAMI, FL 33131 US

SUBJECT: NEMER ARA, INC. Ref. Number: P08000111101

Our records indicate the registered agent for the above named corporation resigned on May 3, 2010 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain Regulatory Specialist II Division of Corporations

Letter number: 510A00011783

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Number Ara, Inc.	
2. The principal office address: 3930 SW 8 STULY	
Coxal Gables, FL 33134	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12 29 208 Document number: P0800011101	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Resigned	
	), 上
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	24 24
Hamad Nimer	2
3930 SW 8 Street	
P.O. Box NOT acceptable	
coral Gables, FL 33134	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.	
Signature pl an officer or director  Printed or typed name and little	
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	<b>!</b>
5/20/10	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*