

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090005

**Entity Name:** ARNIMANI, LLC

**Current Principal Place of Business:**

16300 NE 19 AVENUE  
SUITE A  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

16300 NE 19 AVENUE  
SUITE A  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 27-1967699

**Certificate of Status Desired:** No

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

LEOPOLD KORN LEOPOLD & SNYDER, P.A.  
20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name EIDELMAN, LEONOR  
Address 16300 NE 19 AVENUE, SUITE A  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONOR EIDELMAN

**MANAGER**

**02/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date