## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L00000000423**

1. Entity Name

ARLÈNE INVESTMENTS, L.L.C.



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

10234 SCOTT MILL RD JACKSONVILLE, FL 32257 US 10234 SCOTT MILL RD JACKSONVILLE, FL 32257

US



04012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

YEGELWEL, ARLENE 10234 SCOTT MILL RD JACKSONVILLE, FL 32257

## DO NOT WRITE IN THIS SPACE

JACKSON	VILLE, FL 32257	IN T	HIS SPACE
	named entity submits this statement for the purpose of char ions of registered agent.	l nging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE; Registered Agent signature required when reinstaling)	DATE
FILE After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75		U00000935762
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·	05/23/08-80085-012 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEGELWEL, ARLENE 10234 SCOTT MILL RD JACKSONVILLE, FL 32257		30, Lor 00 00000 01E 130. [3
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		
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

11. I nereby certify that the information supplies with this limit does not qualify to the exemptions contained in chapter. It is true and accurate and that my signature shall have the same legal effect as if made under cetti; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/08

904)268-7972