2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT (	(UBR)
		P40111=00		. — — — — — — — — — — — — — — — — — — —

				<del>, , , , , , , , , , , , , , , , , , , </del>	_			
DOCUMENT  1. Entity Name	「# L0000	0001085						
ARMASHI, LLC				FILED	1			
					4		i	
Principal Place of Busine	ess	Mailing Address	-	JUL 20 M				
4547 LAKE IN THE WOOL	DS DRIVE	4547 LAKE IN THE WOO	DS OPPIN	RETARY OF	STATE			
SPRING HILL FL 34607 SPRING HILL FL 34607		TALL	AHASSEE, F	HOKIUA				
2. Principal Place of Business 3. Mailing Addres		3. Mailing Address	-		_		#8111 88111 88181 11611 88181    -	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE		
City & State		City & State	City & State		4. FELN	00 <del>-</del>		plied For Applicable
Zip	Country	Zip	Country		5. Certii	ficate of Status Desired	□ \$5.00 Add	
			<u></u>			e and Address of New Re	- Fee Required	3
6. Name and Address of Current Registered Agent				Name	/. Name	e and Address of New Me	Aleterar with	·
NAPOLITANO, PETI	ER A ESQ.	na a nan bengangan		Street Address	(PO Boy N	lumber is Not Acceptable)	•	
7617 LITTLE ROAD				Street Address		difficer is Not Acceptable)		
NEW PORT RICHEY	/ FL 34654							
				City			FL Zip Code	а
8. The above named en	tity submits this statement fo	or the purpose of changing its	register	ed office or registe	ered agent,	or both, in the State of Flor	ida	
SIGNATURESignature_typ	ed or printed name of registered agent	and title if applicable(NOT	E: Registere	ed Agent signature require	ed when reinstati	ng)	DATE	د سنت حس
	/	EN E N	OWIII	FEE IS \$50.00	1	7000044	.95207-	E
		Make Check Pa				-07/25/	01010450	16
						****		0.00
9.	MANAGING MEMB		10.			ADDITIONS/		- Addition
NAME A.	AGING MEN HUSSAM I	Delete	TITL				☐ Change	☐ Addition
STREET ADDRESS 454	7 LAKEINT	HEWOODS DAIN		EET ADDRESS			•	ľ
CITY-ST-ZIP SP	WNG HILL	FL 34607	CIT	/-ST-ZIP				
TITLE MANA	AGING MEM	SED Delete	TITL	<b>I</b>			Change	☐ Addition
NAME NAME STREET ADDRESS	HA ARMA	5H1	NAN STR	AE EET ADDRESS			•	}
CITY-ST-ZIP	7 LAKEIN	5H1 THE WOOD L	12 13	ST-ZIP				
TITLE	WE HILL	Delete	TITL	E .			Change	Addition
NAME			NAN			n mare appearing y		
STREET ADORESS CITY-ST-ZIP				EET AODRESS Y-ST-ZIP				
TITLE		☐ Delete	TITL	<del></del>			☐ Change	Addition
NAME			NAN	1			_ <b>.</b>	}
STREET ADDRESS				EET ADDRESS			i	
CITY-ST-ZIP				Y-ST-ZIP			Change	Addition
TITLE ^ NAME		☐ Delete	TITL Nam	l			☐ Change	Addition
STREET ADDRESS				EET ADDRESS				ŀ
CITY-ST-ZIP			CIT	Y-ST-ZIP				
TITLE.'		☐ Delete	TITL				☐ Change	☐ Addition
NAME STREET ANDRESS	•	v	NAM STR	ME EET ADDRESS				
CITY-ST-INP				Y-ST-ZIP				
/% I	the information supplied wit	h this filing does not qualify fo			Section 119.	07(3)(i), Florida Statutes. I	further certify that the in	nformation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my 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.

Sq. 7

Sq. 7

Sq. 7

Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my 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:

597 597 7246