

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000006142	
1. Entity Name ARP, LLC	

Principal Place of Business 12211 PARK DRIVE COOPER CITY, FL 33026	Mailing Address 12211 PARK DRIVE COOPER CITY, FL 33026
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04142006 No Chg-LLC

CR2E033 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1075274	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LAWLOR WINSTON & JUSTICE, P.A. 1290 EAST OAKLAND PARK BLVD., STE 100 FORT LAUDERDALE, FL 33334
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signatures: typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

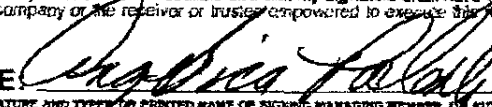
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P PALANK ANGELICA R 12211 PARK DRIVE COOPER CITY, FL 33026
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000000534217
05/08/06-80003-005 \$0.00

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 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 605, Florida Statutes.

SIGNATURE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____
Signature Phone #