

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000006076

1. Entity Name
ARACIN NACIONAL, L.L.C.



Principal Place of Business
11210 N.W. 61 STREET
MIAMI, FL 33178

Mailing Address
11210 N.W. 61 STREET
MIAMI, FL 33178



04302008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1142919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOMERFELD, RAYMOND
999 PONCE DE LEON BLVD., SUITE 1045
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARACIN DOS INC. 11210 N.W. 61 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZOMERFELD, RAYMOND 999 PONCE DE LEON BLVD., SUITE 1045 CORAL GABLES, FL 33134
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05/29/08-80074-023 138.75

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: *Raymond Zomerfeld*

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

4-30-08

Date

Daytime Phone #