

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90047 004 ****50.00

DOCUMENT # L01000011384

1. Entity Name
ARAND, L.L.C.



Principal Place of Business
928 SOUTH TAMiami TrL.
P.O. BOX 917
OSPReY, FL 34229

Mailing Address
928 SOUTH TAMiami TrL.
P.O. BOX 917
OSPReY, FL 34229

40003847



2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

201 TRIPLE DIAMOND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006 Chg-LLC CR2E083 (11/05)

City & State

City & State
NORTH VENICE, FL

4. FEI Number
65-1120344

Applied For
Not Applicable

Zip Country

Zip Country
34275 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DONELLY, NORBERT P
928 SOUTH TAMiami TrL.
OSPReY, FL 34229

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DONELLY, NORBERT P
STREET ADDRESS 471 WEBBS COVE
CITY-ST-ZIP OSPReY, FL 34229

TITLE MGRM ☐ Delete
NAME DONELLY, ANN WINSLOW
STREET ADDRESS 471 WEBBS COVE
CITY-ST-ZIP OSPReY, FL 34229

TITLE MGR ☐ Delete
NAME DONELLY, AMORY W
STREET ADDRESS 471 WEBBS COVE
CITY-ST-ZIP OSPReY, FL 34229

TITLE MGR ☐ Delete
NAME DONELLY, NORBERT
STREET ADDRESS 471 WEBBS COVE
CITY-ST-ZIP OSPReY, FL 34229

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

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

Date

Daytime Phone #

1/17/06