

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011384

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



FILED
Feb 11, 2008 08:00 AM
Secretary of State

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

Mailing Address
201 TRIPLE DIAMOND BLVD
NORTH VENICE, FL 34275



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120344

Applied For
Not Applicable

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

**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	MGRM
NAME	DONELLY, NORBERT P
STREET ADDRESS	471 WEBBS COVE
CITY-ST-ZIP	OSPReY, FL 34229
TITLE	MGRM
NAME	DONELLY, ANN WINSLOW
STREET ADDRESS	471 WEBBS COVE
CITY-ST-ZIP	OSPReY, FL 34229
TITLE	MGR
NAME	DONELLY, AMORY W
STREET ADDRESS	471 WEBBS COVE
CITY-ST-ZIP	OSPReY, FL 34229
TITLE	MGR
NAME	DONELLY, NORBERT
STREET ADDRESS	471 WEBBS COVE
CITY-ST-ZIP	OSPReY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000324449

02/20/08-80080-003 138.75

**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:

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

Date

Daytime Phone #

Laura Spencer, CEO

2/6/08