

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-11-2005 90056 021 ****50.00

DOCUMENT # L01000013448	
1. Entity Name ALMA, L.L.C.	

Principal Place of Business 4100 N CIRCLE DRIVE HOLLYWOOD, FL 33021	Mailing Address 4100 N CIRCLE DRIVE HOLLYWOOD, FL 33021
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30003010



02112005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134482	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTIERREZ, ALESIA 4100 N CIRCLE DRIVE HOLLYWOOD, FL 33021

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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 _____
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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTIERREZ, JOSE M 4100 N CIRCLE DR HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTIERREZ, ALESIA 4100 N CIRCLE DR HOLLYWOOD, FL 33021
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11. 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 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: *Alesia Gutierrez, Managing Partner* **3/30/05**
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(954) 214-7979