2006 LIMITED LIABILITY COMPANY

Mar 13, 2006 08:00 AM **Secretary of State DOCUMENT # L01000013448** 1. Entity Name ALMÁ, L.L.C. Principal Place of Business Mailing Address 4100 N CIRCLE DRIVE 4100 N CIRCLE DRIVE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 03042006 No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1134482 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **GUTIERREZ, ALESIA** DO NOT WRITE 4100 N CIRCLE DRIVE HOLLYWOOD, FL 33021 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, typed or printed name of registered agent and title if applicable fNOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME GUTIERREZ, JOSE M STREET ADDRESS 4100 N CIRCLE DR CITY-ST-21P HOLLYWOOD, FL 33021 09/23/06-80019-020 50.00 MGR TITLE **GUTIERREZ, ALESIA** NAME STREET ADDRESS 4100 N CIRCLE DR CITY-ST-IN HOLLYWOOD, FL 33021 TITLE NAME STREET AUDRESS DO NOT WRITE CiTY-S1-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS City-St-Zip TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE 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 cartify that the information indicated on this report is true and accurate and that my signature stigli have the same legal effect as if made under each; 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.

MBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIDNING

FILED

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