

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90124 004 ***138.75

60006368



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	
2. Principal Place of Business - No P.O. Box # C/O Allstate Suite, Apt. #, etc. 400 E. HALLANDALE Bch.		3. Mailing Address C/O Allstate Suite, Apt. #, etc. 400 E. HALLANDALE Bch.	
City & State HALLANDALE, FL		City & State HALLANDALE, FL	
Zip 33009		Zip 33009	
Country U.S.		Country U.S.	
4. FEI Number 65-1134482		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, ALESIA 4100 N CIRCLE DRIVE HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 E. HALLANDALE Bch. BLVD. City HALLANDALE FL Zip Code 33009	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDRESS ADDITIONS/CHANGES	
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	ADDRESS ONLY! 400 E. HALLANDALE Bch. BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTIERREZ, ALESIA 4100 N CIRCLE DR HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY! 400 E. HALLANDALE Bch. BLVD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date: 4/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ALESIA Gutierrez, MGR			