2008 LIMITED LIABILITY COMPANY

FILED Jan 29, 2008 8:00 am Secretary of State

	ANNUA	L REPORT			Secretai	ıy uı sı	aic
1. Entity Nam	MENT # L0200001: AMARANGI LLC	1997			01-29-2008 90	0063 039 ***13	8.75
Principal Plac	e of Business	Mailing Address				•	
1165 EAST BLUE HERON BLVD.		1165 EAST BLUE HERON BLVD.			60004570		
SUITE K RIVIERA BEA	ICH, FL 33404	SUITE K RIVIERA BEACH, FL	33404 US				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
					IIIII BEL DBIIM HIDII BUIII BUIII BUIII	DOTO: 11001 13630 10110 50111 13	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212	008 Chg-LLC	CR2E083 (12/06))
City & State		City & State		4. FEI N			pplied For
Zip	Country	Zip	Country		3010250 ficate of Status Desired	\$5.00 Ac	lot Applicable Iditional
	6. Name and Address of Curren	t Benistered Ament			and Address of New Re	Fee Requir	ed
		r Kegisteren Agent	Name	7. 196111	e aliu Audiess of New Ne	gistered Agent	
SUITE K	LUE HERON BLVD.		Street A	ddress (P.O. Box f	lumber is Not Acceptable))	
RIVIERA E	BEACH, FL 33404		City			7:- 0-	
0. 71			City			FL Zip Co	
	e named entity submits this statement to tions of registered agent.	for the purpose of changing	its registered office or	registered agent,	or both, in the State of Flor	rida. I am familiar with	, and accept
SIGNATURE .	Control of the state of the sta	the date to entropie	IOTE D			D. 15	
SIGNATURE .	Signature, typed or printed name of registered agen	ot and title if applicable (f	NOTE Registered Agent signati	ite required when reinstat	ng)	DATE	
FILE	Sgnature, typed or printed name of registered agents E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7		NOTE Registered Agent signali	ute required when reinstat	Make	DATE check payable to Department of Sta	te
FILE	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMB	5	NOTE Registered Agent signali		Make Florida ADDITIONS/0	check payable to Department of Sta	te
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	SERS/MANAGERS		MGRM Noway F	Make Florida ADDITIONS/O	check payable to Department of Sta	te ☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB	Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Make Florida ADDITIONS/O	e check payable to Department of Sta CHANGES Change	☐ Addition
FILE After May 9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR FROST, CARL S 1165 EAST BLUE HERON BLV	SERS/MANAGERS	10. TITLE NAME STREET ADDRESS	MGRM Noway F	Make Florida ADDITIONS/O	check payable to Department of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGR FROST, CARL S 1165 EAST BLUE HERON BLV	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM Noway F	Make Florida ADDITIONS/O	e check payable to Department of Sta CHANGES Change	☐ Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE	MANAGING MEMB MGR FROST, CARL S 1165 EAST BLUE HERON BLV	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	MGRM Noway F	Make Florida ADDITIONS/O	e check payable to Department of Sta CHANGES Change	☐ 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 significant 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 trusteed mpowered to a feculte this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAYI STOUS I SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/08

5612077301