2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013485

1. Entity Name



FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90035 028 ****55.00

KARISM	A RESUR	CIS & WARKETING	s, LLC								
Principal Place of Business 3191 CORAL WAY, PENTHOUSE 202 MIAMI, FL 33145			Mailing Address 3191 CORAL WAY, PENTHOUSE 202 MIAMI, FL 33145				20043263				
2. Principal F	Place of Busin	ness	3. Mailing Address	_							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182006	Chg-LLC	CR2E08	3 (11/05)		
City & Stat	te		City & State			4. FEI Numb 01-072				oplied For ot Applicable	
Zip Country			Zip Country		ntry	5. Certificate	e of Status Desired		5.00 Add		
6. Name and Address of Current Registered Agent						7. Name and	d Address of New R				
DAMANII A	CEOBCE	Τ			Name						
RAMANI, (200 SOUT MIAMI, FL	H BISCAY	NE BLVD., 20TH FL	OOR		Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	e	
The above named entity submits this statement for the purpose of changing its registered or						stered agent, or bo	oth, in the State of Flo		niliar with.	and accept	
	ions of regist		and per pool of ordering mg	109,000	oo omoo ar yog.	otorou agont, or or	,			and decept	
SIGNATURE .	Signature Mond	or printed name of registered agent a	and title if applicable (NOT	E. Bozustore	d Appel Fignature rea	uired when reinstating)		DATE			
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	iling Fee i ue by May						· ·	e check pay Departmen		.	
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
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indicated limited lial	ertify that the on this report bility compan	t information supplied with the true and to the true and accurate and the true true true to the true true true true to the true true true true true true true tru	this filing does not qualify fo that my signature shall have empowered to execute this	the exe report as	ruptions contain e legal effect as s required by Ch	if made under 119 if made under oat napter 608, Florida	, Florida Statutes. I fu h; that Lam a manag Statutes.	ing member	iat the infor or manager	r of the	
			Min. N	V).		σ	-/1/156				
SIGNAT		ND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	AAGER OF	AUTHORIZED REPR	RESENTATIVE	Date Date	Davi	ime Phone #		