

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015899

Entity Name: AR GROUP, L.L.C.

FILED  
Mar 11, 2009  
Secretary of State

## Current Principal Place of Business:

4558 SOUTH O. B. T  
ORLANDO, FL 32839

## New Principal Place of Business:

## Current Mailing Address:

9123 MID PINES COURT  
ORLANDO, FL 32819

## New Mailing Address:

4558 SOUTH O. B. T  
ORLANDO, FL 32839

FEI Number: 61-1472977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, ASHOK M  
9123 MID PINES COURT  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

PATEL, ASHOK M  
4558, SOUTH O.B.T  
ORLANDO, FL 32839 US

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.

SIGNATURE:

03/11/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PATEL, ASHOK M  
Address: 9123 MID PINES CT  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete  
Name: PATEL, RAJESHREE A  
Address: 9123 MID PINES CT  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PATEL, ASHOK M  
Address: 4558, SOUTH O.B.T  
City-St-Zip: ORLANDO, FL 32839

Title: MGRM (X) Change ( ) Addition  
Name: PATEL, RAJESHREE A  
Address: 4558, SOUTH O.B.T  
City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ASHOK PATEL

MGRM

03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date