2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000020331

1. Entity Name
ALMAAK ENTERPRISES, LLC

Folk 35 15008 90018 035 *** 138.50 SECRETARY OF SILORDE0020331 TALLAHASSEE, FLORIDA

08 JUN 10 AM 10: 16

Principal Place of Business

9315 S.E. MARICAMP ROAD OCALA, FL 34472

Mailing Address

9315 MARICAMP ROAD OCALA, FL 34472



DO NOT WRITE IN THIS SPACE

05052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3657922 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, MANDAKINIBEN 9315 S.E. MARICAMP ROAD OCALA, FL 34472

SIGNATURE:

SIGNATURE AND TYPED OR

DO NOT WRITE IN THIS SPACE

5/408

352-687-9222

	(l			
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its registern	Led office or registered agent, or both, in the State	e of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: Registers	of Agent alghature required when rainstating)	DATE	
FILE NOWILI FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.					
9,	MANAGING MEMBER	IS/MANAGERS	1		
TITLE THAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, MANDAKINIBEN 9315 S.E. MARICAMP ROAD OCALA, FL 34472				
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	ts.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated	on this report is true and accurate and I	that my signature shall have the sam	emptions contained in Chapter 119, Florida Stati ne legal effect as it made under oath; that if am as required by Chapter 608, Florida Statutes.	tutes, I further certify that the information a managing member or manager of the	

MANDAICINI BEN

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE