

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000021301	
1. Entity Name ALSIMOMA, LLC	

Principal Place of Business 1615 FORUM PLACE STE. 1B, BARRISTERS BLDG. WEST PALM BEACH FL 33401	Mailing Address 1615 FORUM PLACE STE. 1B, BARRISTERS BLDG. WEST PALM BEACH FL 33401
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State	City & State	4. FEI Number 43-1972046	☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVY, ROBERT S 1615 FORUM PLACE STE. 1B, BARRISTERS BLDG. WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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's signature is required when registering.) **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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVY, ROBERT S 1615 FORUM PLACE, STE. 1B WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVY, CEIL N 1615 FORUM PL STE 1B WEST PALM BEACH FL 33401
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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U000000894287
04/24/08-80022-008 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **MEMBER**

4-10-08 561/ 686-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: _____ Digitally Signed