

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021481

Entity Name: ALEBEL, LLC

FILED  
Apr 18, 2009  
Secretary of State

## Current Principal Place of Business:

70 NW 56 CT  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

70 NW 56 CT  
FORT LAUDERDALE, FL 33309 US

## Current Mailing Address:

70 NW 56 CT  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

70 NW 56 CT  
FORT LAUDERDALE, FL 33309 US

FEI Number: 02-0640171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARRAWAY, JAMES A MR.  
6430 SW 73RD CT  
MIAMI, FL, FL 33143 US

## Name and Address of New Registered Agent:

CARRAWAY, JAMES A MR.  
6430 SW 73RD CT  
MIAMI, FL 33143 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:

04/18/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JULIE, BELTON D  
Address: 70 NW 56 CT  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: JULIE, BELTON D  
Address: 70 NW 56 CT  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MS ( ) Change (X) Addition  
Name: BARBOSA, MARIA  
Address: 7105 NW 72 AVE  
City-St-Zip: TAMARAC, FL 33321 US

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: JULIE BELTON

MGR

04/18/2009

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