

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025144

1. Entity Name
AR HOLDINGS, L.L.C.



Principal Place of Business

1150 N.W. 72ND AVENUE, PH
MIAMI, FL 33126

Mailing Address

1150 N.W. 72ND AVENUE, PH
MIAMI, FL 33126

FILED
Apr 23, 2007 08:00 AM
Secretary of State



04092007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
74-3063515

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z
7270 N.W. 12TH STREET, PH-I
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAPO, ALEJANDRO
1150 N.W. 72ND AVENUE, PH
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REYES, RAFAEL
1150 N.W. 72ND AVENUE, PH
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000725068
05/03/07-80006-018 50.00

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IN THIS SPACE**

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

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

Date

Daytime Phone #