
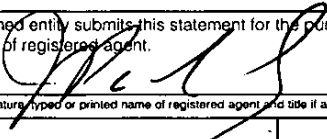
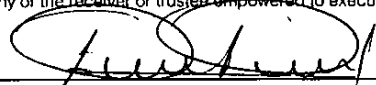


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90277 041 ****50.00

DOCUMENT # L02000025593 1. Entity Name ARCO, LLC					
Principal Place of Business 1730 MAIN STREET SUITE 216 WESTON, FL 33326 US			Mailing Address 1730 MAIN STREET SUITE 216 WESTON, FL 33326 US		
2. Principal Place of Business 11107 N.W. 72nd Terrace Suite, Apt. #, etc.		3. Mailing Address 11107 N.W. 72nd Terrace Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 33-1025221	
Zip 33178		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY E. CAMPION, P.A. 1730 MAIN STREET SUITE 216 WESTON, FL 33326			7. Name and Address of New Registered Agent Name Jose I. Padial, P.A. Street Address (P.O. Box Number is Not Acceptable) 2600 S. Douglas Road P-1-6 City Coral Gables FL Zip Code 33134		
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  Jose I. PADIAL DATE 4-5-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, OMAR 1730 MAIN STREET SUITE 216 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, OMAR 11107 N.W. 72nd Terrace Miami, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  OMAR A. ALVAREZ 04-05-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

20028260



04052005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Jose I. Padial, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

2600 S. Douglas Road P-1-6

City **Coral Gables** **FL** Zip Code **33134**

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  **Jose I. PADIAL** DATE **4-5-05**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALVAREZ, OMAR
1730 MAIN STREET SUITE 216
WESTON, FL 33326

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALVAREZ, OMAR
11107 N.W. 72nd Terrace
Miami, FL 33178

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:  **OMAR A. ALVAREZ** **04-05-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #