LIMITED LIABILITY COMP UNIFORM BUSINESS REPOR	
DOCUMENT # LO20000 34865 1. Entity Name ALMIS LLC	01VI
DO NOT WRITE IN THIS S 2. Principal Place of Business 1. (25.2. D.) 2. Principal Place of Business 3. Mailing Address	

SECRETARY OF STATE OIVISION OF CORPORATIONS

03 JUN 16 AM 9: 28

DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 4953 Palm Buoke Cerelle Suite, Apt. #, etc. 3. Mailing Address 4953 Palm Buoke Circle Suite, Apt. #, etc.			-	T WRITE IN THIS SP.	ACE		
City & Stat West PA	LM BEACH FL	City & State WEST PALM BEACH F-L		4. FEI Number 510439	300	Applied Fo	
Zip 331	4-17 - Country USA	Zip Country 33417 USA		5. Certificate of Status Des	sired 🕅 \$	5.00 Additional	
7. Name and Address of Current Registered Agent							
DO NOT WRITE IN THIS SPACE		Name MICHAL STPREGLETOSKI Street Address (P.O. Box Number is Not Acceptable)					
		4953 PALM BROOKE CIRCLE City WEST PALM BEACH FL Zip Code 417					
City WEST			PALM BEACK	, FL	Zip Code 334/7	_	
	named entity submits this statement fo tions of registered agent,	r the purpose of changing its	registered office or regist	ered agent, or both, in the State	of Florida. I am fam	niliar with, and acce	ept
SIGNATURE Lichard Same Steward Towns of repulsive agent and title if applicable				04/30/0	3		
			FEE IS \$50.00 ble to Florida Departm	ent of State			
		(DUE BY MAY 1				
9.	MANAGING MEMBE	RS/MANAGERS					\exists $\stackrel{\circ}{}$
TITLE NAME	MEMBER MICHAL SZPREBLEWSU		TITLE NAME	90002	:02620	2 9	CR2E083B (12/02)
STREET ADDRESS 4953 PALM BROOKE CIRCLE		STREET ADDRESS	05/30/030:	1008007	**50.00	(E)	
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TITLE	MEMBER		TITLE				72
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STREET ADDRESS			STREET ADDRESS				
11. I hereby o	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	Section 119 07(3)(i) Florida Stat	utes I further certify	that the information	-

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 eath; 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: Michel Sapreglash

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/30/03 661)6868036