


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>L02000034865</u>	
1. Entity Name <u>ALMIS LLC</u>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 16 AM 9:28 *W6/23*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4953 Palm Brooke Circle</u>		3. Mailing Address <u>4953 Palm Brooke Circle</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>West PALM BEACH FL</u>	City & State <u>WEST PALM BEACH FL</u>	4. FEI Number <u>510439300</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33417</u>	Country <u>USA</u>	Zip <u>33417</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>MICHAŁ SZPREGLEWSKI</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>4953 PALM BROOKE CIRCLE</u>	
	City <u>WEST PALM BEACH</u>	FL Zip Code <u>33417</u>

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 Michał Szpęgłowski DATE 04/30/03

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <u>MICHAŁ SZPREGLEWSKI</u> <u>4953 PALM BROOKE CIRCLE</u> <u>WEST PALM BEACH, FL 33417</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>900020262029</u> <u>05/30/03--01008--007 **50.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MEMBER</u> <u>ALEXANDRA LEWANDOWSKA</u> <u>4953 PALM BROOKE CIRCLE</u> <u>WEST PALM BEACH, FL 33417</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>900020262029</u> <u>05/30/03--01008--008 **5.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: Michał Szpęgłowski DATE 04/30/03 (661) 6868036

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

Date

Daytime Phone #

CR2E083B (12/02)