2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # L0300008060 1. Entity Name ARIZONA FEDERAL, LLC						04-24-2008	3 90022 005 ***13	8.75
Principal Place of Business 7333 CORAL WAY MIAMI, FL 33155		Mailing Address 7333 CORAL WAY MIAMI, FL 33155				######################################	72 	.
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb 86-105			plied For t Applicable	
Zip Country ·		Zip	Country			of Status Desired	\$5.00 Add	
	6. Name and Address of Current	Registered Agent		Ness	7. Name and	Address of New F	legistered Agent	
DAVIDE, ANTHONY L 7333 CORAL WAY MIAMI, FL 33155				Name Myron J. Rayvis, Esq. Street Address (P.O. Box Number is Not Acceptable)				
·	/) /	1			ral Way S	Suite C		
				City Miai	mi		FL Zip Code	•
8. The above named entity shornits the parametrized 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, typed or printed name of pegistered agent	and tille it applicable. (NOTE:	Registere	Agent signature requir	red when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	•
	, E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	•					ke check payable to a Department of State	•
9. ·	MANAGING MEMBE		10.			ADDITIONS		
TITLE NAME STREET ADDRESS	MGRM DAVIDE, ANTHONY L 7333 CORAL WAY	☐ Delete	NAM: STRE			•	Change	Addition
CITY - ST - ZIP	MIAMI, FL 33155		CITY	-ST-ZIP				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE				☐ Change	☐ Addition
CITY-ST-ZIP				-ST-ZIP				-
TITLE NAME STREET ADDRESS		☐ Delete	4	E Et address			☐ Change	Addition ·
CITY-ST-ZIP	,	□ 6.1		-ST-ZIP			C Chares	- Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition .
indicated	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trusted	that my signature shall have to	he same	e legal effect as it	f made under oat	h; that I am a mana	urther certify that the info ging member or manage	rmation r of the

Date

Daytime Phone #

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