

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90061 046 \*\*\*\*50.00

DOCUMENT # L03000012672

1. Entity Name  
ANIMARE, LLC



Principal Place of Business

4875 DAVIS ROAD  
MIAMI, FL 33143 US

Mailing Address

4875 DAVIS ROAD  
MIAMI, FL 33143 US

00044246



2. Principal Place of Business - No P.O. Box #

5786 LASIERRA DRIVE

3. Mailing Address

5786 LASIERRA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007

Chg-LLC

CR2E083 (12/06)

City & State

SANTA ROSA, CA

City & State

SANTA ROSA, CA

4. FEI Number

33-1086003

Applied For

Not Applicable

Zip

95409

Country

U.S.A

Zip

95409

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AIXALA, MARI  
4875 DAVIS ROAD  
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Alicia Aixala

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

4875 DAVIS ROAD

City

MIAMI

FL

Zip Code

33143

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

*Alicia Aixala*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 26, 2007

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME AIXALA, MARI  
STREET ADDRESS 4875 DAVIS ROAD  
CITY-ST-ZIP MIAMI, FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME AIXALA, MARI  
STREET ADDRESS 5786 LASIERRA DR.  
CITY-ST-ZIP SANTA ROSA, CA 95409 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/07 707.583.4817