

2006

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

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90033 016 ****50.00

DOCUMENT # L03000015376

1. Entity Name

Arechris, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7300 N.W. 19th St.

3. Mailing Address

7300 N.W. 19th St.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

55-0829369

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

del Valle, Manuel R.

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

7300 N.W. 19th St.

Suite 101

City

Miami

FL

Zip Code

33126

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

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

DATE

FEE IS \$50.00
**Make Check Payable to Florida Department of State
DUE BY MAY 1**
9. MANAGING MEMBERS/MANAGERS

TITLE MgrM
NAME Aremar Trading Corp.
STREET ADDRESS 7300 N.W. 19th St., Suite 101
CITY - ST - ZIP Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MgrM
NAME Chrissan Corp.
STREET ADDRESS 7300 N.W. 19th St., Suite 101
CITY - ST - ZIP Miami, FL 33126

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DO NOT WRITE IN THIS SPACE

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 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

Rafael Ravelo, Pres. of Aremar Trading Corp.

809-542-8213

Date

4-26-06

Daytime Phone #