

2007

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

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90323 039 ****50.00

DOCUMENT # L03000015376	
1. Entity Name	
Arechris, L.L.C.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7300 N.W. 19th St.	7300 N.W. 19th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 101	Suite 101
City & State	City & State
Miami, FL	Miami, FL
Zip	Zip
33126	33126
Country	Country
USA	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
55-0829369	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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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	NAME	TITLE	NAME
MgrM	Ravelo, Rafael		
STREET ADDRESS	J.F. Kennedy Esq. Ortega & Gasset #210	STREET ADDRESS	
CITY - ST - ZIP	Santo Domingo, Rep. Dom.	CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
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TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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)(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:

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

Date**Daytime Phone #**

4/9/07

809-566-5177