

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90086 047 ****50.00

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DOCUMENT # L03000018042 1. Entity Name ALMON GROUP, LLC					
Principal Place of Business 2731 EXECUTIVE PARK DR WESTON, FL 33331			Mailing Address 2201 N. COMMERCE PKWY WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 2201 N. Commerce Pkwy		3. Mailing Address 2201 N. Commerce Pkwy		01252007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Weston, FL		City & State Weston, FL		4. FEI Number 30-0183844	
Zip 33326		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORREA, ALVARO E 2201 N. COMMERCE PKWY WESTON, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Alvaro Correa-Mgr</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-25-07</u>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, MARIA C 2201 N. COMMERCE PKWY WESTON, FL 33326			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, ALVARO E 2201 N. COMMERCE PKWY WESTON, FL 33326			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, ALVARO E 2201 N. COMMERCE PKWY WESTON, FL 33326			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, ALVARO E 2201 N. COMMERCE PKWY WESTON, FL 33326			☐ Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, ALVARO E 2201 N. COMMERCE PKWY WESTON, FL 33326			☐ Delete	
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: <u>Alvaro Correa-Mgr</u>				Date <u>1-25-07</u> Daytime Phone # <u>954-659-8901</u>	