

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000018042 1. Entity Name ALMON GROUP, LLC	
--	---

Principal Place of Business 2201 NORTH COMMERCE PKWY WESTON, FL 33326	Mailing Address 2201 NORTH COMMERCE PKWY WESTON, FL 33326
---	---

DO NOT WRITE IN THIS SPACE



02112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0183844	Applied For Not Applicable
-----------------------------	-------------------------------

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
--

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

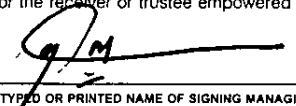
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, MARIA C 2201 N. COMMERCE PKWY WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, ALVARO E 2201 N. COMMERCE PKWY WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000905201
05/01/08-80043-010 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  **4-11-08** **(954) 659-8901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #