

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018283

Entity Name: ART. T, LLC

FILED
Feb 10, 2007
Secretary of State

Current Principal Place of Business:

5477 NE4TH AVE,
MIAMI, FL 33137

New Principal Place of Business:

1970 CANTERBURY CIRCLE
WELLINGTON, FL 33414

Current Mailing Address:

5477 NE 4TH AVE
MIAMI, FL 33137

New Mailing Address:

1970 CANTERBURY CIRCLE
WELLINGTON, FL 33414

FEI Number: 20-0081497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMA DE PEREZ, TAMARA TREASUR
280 NE 107 STREET
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

TOMA DE PEREZ, TAMARA TREASUR
1970 CANTERBURY CIRCLE
WELLINGTON, FL 33414 US

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.

SIGNATURE:

02/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TAMARA, DE PEREZ T
Address: 5744 NE 4TH AVE
City-St-Zip: MIAMI, FL 33137

Title: MGR () Delete
Name: PEREZ, CELIS
Address: 5477 NE 4TH AVE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOMA DE PEREZ, TAMARA
Address: 1970 CANTERBURY CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change () Addition
Name: PEREZ, CELIS
Address: 1970 CANTERBURY CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAMARA TOMA DE PEREZ

MGR

02/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date