

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054630

Entity Name: HAROLD ARELLANO, LLC

FILED  
Aug 29, 2006  
Secretary of State

## Current Principal Place of Business:

2490 SW 163RD TER  
MIRAMAR, FL 33027

## New Principal Place of Business:

5031 SW 140TH TER  
MIRAMAR, FL 33027

## Current Mailing Address:

2490 SW 163RD TER  
MIRAMAR, FL 33027 US

## New Mailing Address:

5031 SW 140TH TER  
MIRAMAR, FL 33027 US

FEI Number: 20-0692806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ARELLANO, HAROLD J  
2490 SW 163RD TER  
MIRAMAR, FL 33027 US

## Name and Address of New Registered Agent:

ARELLANO, HAROLD J  
5031 SW 140TH TER  
MIRAMAR, FL 33027 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: HAROLD ARELLANO

08/29/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ARELLANO, HAROLD J  
Address: 2490 SW 163RD TER  
City-St-Zip: MIRAMAR, FL 33027 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ARELLANO, HAROLD J  
Address: 5031 SW 140TH TER  
City-St-Zip: MIRAMAR, FL 33027 US

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: HAROLD ARELLANO

MGR

08/29/2006

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