

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006492

FILED
Jan 20, 2009
Secretary of State

Entity Name: ARCADi ENTERPRISES L.L.C.

Current Principal Place of Business:

297 NE 544 STREET
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

297 NE 544 STREET
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: 55-0857290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARCADI, PATRICIA A
297 NE 544 STREET
OLD TOWN, FL 32680 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARCADi, VINCENT J
Address: 297 NE 544 STREET
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM () Delete
Name: ARCADi, PATRICIA A
Address: 297 NE 544 STREET
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA A. ARCADi

MGRM

01/20/2009

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