

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000008537

1. Entity Name
ARM VENTURES, LLC.



Principal Place of Business

3400 CORAL WAY
600
MIAMI, FL 33145-3053

Mailing Address

3400 CORAL WAY
600
MIAMI, FL 33145-3053

2. Principal Place of Business - No P.O. Box #

755 41 Street
Suite, Apt. #, etc.

3. Mailing Address

755 41 Street
Suite, Apt. #, etc.

City & State

Miami Beach Florida
Zip 33140 Country USA

City & State

Miami Beach Florida
Zip 33140 Country USA

01072008 Chg-LLC

CR2E083 (12/06)

4. FEI Number

51-0495581

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBAUM, MICHAEL J ESQ
3400 CORAL WAY
600
MIAMI, FL 33145-3053

7. Name and Address of New Registered Agent

Name Rosenbaum International Law Firm, PA
Street Address (P.O. Box Number is Not Acceptable)
755 41 Street
City Miami Beach FL Zip Code 33140

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ROSENBAUM, MICHAEL J
STREET ADDRESS 3400 CORAL WAY, SUITE 600
CITY-ST-ZIP MIAMI, FL 331453053 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Rosenbaum, Betty
STREET ADDRESS 755 41 Street
CITY-ST-ZIP Miami Beach, Florida ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/2/08

305-333-5308

Daytime Phone #

FILED

08 JAN 17 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

