2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000019758

1. Entity Name
ARONDALES, L.L.C.

Principal Place of Business	Mailing Address
4026 GREENWOOD DRIVE FORT PIERCE, FL 34982	4026 GREENWOOD DRIVE FORT PIERCE, FL 34982

02202006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0718779
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSHER, SHARON K
4026 GREENWOOD DRIVE
FORT PIERCE, FL 34982

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $50.00
Due by May 1, 2006

U00000451648
03/10/06-80062-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MOSHER, SHARON K
STREET ADDRESS	4026 GREENWOOD DR
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	MGRM
NAME	MOSHER, DALE T
STREET ADDRESS	3050 ROGERS RD
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	MGRM
NAME	MOSHER, ELIZABETH M
STREET ADDRESS	3050 ROGERS RD
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	MGRM
NAME	RALLI, GASPERO J
STREET ADDRESS	4026 GREENWOOD DR
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sharon K. Mosher 2-21-06 772-461-6974

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