

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000019758

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



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

Mailing Address
**4026 GREENWOOD DRIVE
FORT PIERCE, FL 34982**



01302007 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MOSHER, SHARON K
4026 GREENWOOD DR
FORT PIERCE, FL 34982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOSHER, DALE T
3050 ROGERS RD
FORT PIERCE, FL 34981**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOSHER, ELIZABETH M
3050 ROGERS RD
FORT PIERCE, FL 34981**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RALLI, GASPERO J
4026 GREENWOOD DR
FORT PIERCE, FL 34982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000639210
02/28/07-80017-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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

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

2-16-07

Date

772-461-6974

Daytime Phone #