

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019758

Entity Name: ARONDALES, L.L.C.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4026 GREENWOOD DRIVE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

4026 GREENWOOD DRIVE  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 02-0718779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSHER, SHARON K  
4026 GREENWOOD DRIVE  
FORT PIERCE, FL 34982 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  
Name: MOSHER, SHARON K  
Address: 4026 GREENWOOD DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM  
Name: MOSHER, DALE T  
Address: 3050 ROGERS RD  
City-St-Zip: FORT PIERCE, FL 34981

I hereby 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: SHARON K MOSHER

MGR

04/21/2011

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