

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # L04000031323

1. Entity Name
KOMOLVASRI, LLC



Principal Place of Business
**1719 E HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009**

Mailing Address
**1719 E HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009**



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1055246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOMOLVASRI, POOMPAKA
922 NE 91ST TERR
MIAMI SHORES, FL 33138**

**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	MGR
NAME	KOMOLVASRI, POOMPAKA
STREET ADDRESS	922 NE 91ST TERR
CITY-ST-ZIP	MIAMI SHORES, FL 33138

TITLE	MGR
NAME	HORMWARN, SOMKHID
STREET ADDRESS	2935 NE 163RD STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000678801
04/03/07-80012-021 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: _____

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

Date

Daytime Phone #