

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000031323

FILED  
Sep 06, 2007  
Secretary of State

Entity Name: KOMOLVASRI, LLC

**Current Principal Place of Business:**

1719 E HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1719 E HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 20-1055246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOMOLVASRI, POOMPAKA  
922 NE 91ST TERR  
MIAMI SHORES, FL 33138 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 ( ) Delete  
Name: KOMOLVASRI, POOMPAKA  
Address: 922 NE 91ST TERR  
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGR ( ) Delete  
Name: HORMWERN, SOMKHID  
Address: 2935 NE 163RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KOMOLVASRI, POOMPAKA  
Address: 922 NE 91ST TERR  
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: MGR (X) Change ( ) Addition  
Name: HORMWERN, SOMKHID  
Address: 2935 NE 163RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGR ( ) Change (X) Addition  
Name: KOMOLVASRI, CHANIN  
Address: 4973 LEEWARD LANE  
City-St-Zip: DANIA BEACH, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: POOMPAKA KOMOLVASRI

MGR

09/06/2007

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