


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
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**

DO NOT WRITE IN THIS SPACE



05022008 No Chg-LLC CR2E083 (12/07)

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**

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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)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOMOLVASRI, POOMPAKA 922 NE 91ST TERR MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HORMWARN, SOMKHID 2935 NE 163RD STREET NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOMOLVASRI, CHANIN 4973 LEEWARD LANE DANIA BEACH, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/29/08-80080-010 138.75

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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: *kur* Date: *5/2/08* Daytime Phone #: *(904)456-8878*

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