

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90177 017 ****50.00

DOCUMENT # L04000057860

1. Entity Name

ARES ASSETS & ESTATE PROTECTION, L.L.C.



Principal Place of Business

**5500 COLLINS AVE #401
MIAMI BEACH FL 33140**

Mailing Address

**5500 COLLINS AVE #401
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

5500 Collins Ave. Apt. 401

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami Beach, FLA. 33140

City & State

City & State

33140

Zip

Country

Zip

Country

U.S.A.

4. FEI Number

20-1473615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARES, ARTEMIS DIANE
HIBISCUS ISLAND
MIAMI BEACH FL 33140**

*5500 Collins Ave.
Apt. 401
Miami Beach, FLA.
33140*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
ARES, ARTEMIS DIANE
HIBISCUS ISLAND
MIAMI BEACH FL 33140**

☐ Delete

TITLE
NAME
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Artemis Diane Ares

1/25/06 305-531-0100