

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064499

1. Entity Name
ARIACH LLC



FILED
Sep 12, 2008 08:00 AM
Secretary of State

Principal Place of Business
5469 FIARWAY DR.
RIDGE MANOR, FL 33523

Mailing Address
5469 FIARWAY DR.
RIDGE MANOR, FL 33523

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07282008

Chg-LLC

CR2E083 (12/06)

4. FEI Number
54-2161060

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

TOOLE, RICHARD E
5469 FIARWAY DR.
RIDGE MANOR, FL 33523

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 \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
TOOLE, RICHARD E
5469 FIARWAY DR.
RIDGE MANOR, FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000000959582
09/12/08-80002-028 538.75

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Richard E Toole

9-10-08