

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067725

FILED
Apr 30, 2008
Secretary of State

Entity Name: ALMICH, LLC

Current Principal Place of Business:

2900 SW 28TH TERRACE, PENTHOUSE
MIAMI, FL 33133 US

New Principal Place of Business:

6400 SW 134TH DRIVE
MIAMI, FL 33156 US

Current Mailing Address:

2900 SW 28TH TERRACE, PENTHOUSE
MIAMI, FL 33133 US

New Mailing Address:

6400 SW 134TH DRIVE
MIAMI, FL 33156 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISENFELD, JOSEPH J
2900 SW 28TH TERRACE, PENTHOUSE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

ATRIUM REGISTERED AGENTS, INC
1500 SAN REMO AVENUE
SUITE 125
MIAMI, FL 33146 US

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: DENNIS GINSBURG

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAWA, RAUL
Address: 2900 SW 28TH TERRACE, PENTHOUSE
City-St-Zip: MIAMI, FL 33133 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PAWA, RAUL
Address: 6400 SW 134TH DRIVE
City-St-Zip: MIAMI, FL 33156 US

Title: MGR () Change (X) Addition
Name: SHAPIRO, SONIA
Address: 6400 SW 134TH DRIVE
City-St-Zip: MIAMI, FL 33156

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: RAUL PAWA

MGR

04/30/2008

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