


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 03, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90315 016 \*\*\*138.75

<b>DOCUMENT # L04000087540</b>	
1. Entity Name ARJB, L.L.C.	

Principal Place of Business 960 NORTHWEST 4TH COURT BOCA RATON, FL 33432	Mailing Address 960 NORTHWEST 4TH COURT BOCA RATON, FL 33432
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30008604



2. Principal Place of Business - No P.O. Box # 901 NW 4TH COURT Suite, Apt. #, etc.	3. Mailing Address 901 NW 4TH COURT Suite, Apt. #, etc.
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05302008 Chg-LLC CR2E083 (12/06)

City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33432	Country U.S.A.

4. FEI Number 32-0126146	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  RAMUDO, ALBERTO 960 NORTHWEST 4TH COURT BOCA RATON, FL 33432
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7. Name and Address of New Registered Agent Name RAMUDO, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 901 NW 4TH COURT City BOCA RATON FL Zip Code 33432
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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 5-30-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

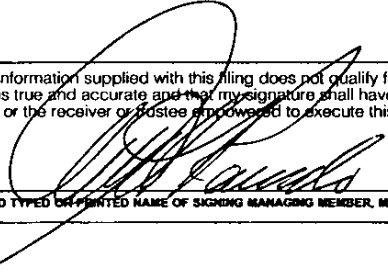
**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMUDO, ALBERTO 901 NW 4TH CT. BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUZA, JORGE L 6 FOREST HILLS LANE BOCA RATON, FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  5/30/08 561-305-4477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

4/21/2008-90315-016-\$138.75-\$138.75

**DOCUMENT # L04000087540**

1. Entity Name  
ARJB, L.L.C.



Principal Place of Business

~~960 NORTHWEST 4TH COURT~~  
BOCA RATON, FL 33432

Mailing Address

~~960 NORTHWEST 4TH COURT~~  
BOCA RATON, FL 33432

901 NW 4CT. ✓  
BOCA RATON FL - 33432

**DO NOT WRITE IN THIS SPACE**

ATTACHMENT  
30008604

04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
32-0126146

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMUDO, ALBERTO  
960 NORTHWEST 4TH COURT  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME RAMUDO, ALBERTO  
STREET ADDRESS 901 NW 4TH CT.  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGR  
NAME BOUZA, JORGE L  
STREET ADDRESS 8 FOREST HILLS LANE  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/29/08



ATTACHMENT

30008604

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2008

ARJB, L.L.C.  
960 NORTHWEST 4TH COURT  
BOCA RATON, FL 33432

Subject: ARJB, L.L.C.

Reference Number: L04000087540

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh  
ANNUAL REPORTS SECTION

ATTACHED PLEASE FIND  
1) SIGNED FORM  
2) SIGNED AND AMENDED FORM.

5-30-08

P.S. NOTICE WENT TO  
OLD ADDRESS,