

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90110 024 \*\*\*\*55.00

**DOCUMENT # L05000017288**

1. Entity Name  
**ARUN SONS LLC**



Principal Place of Business

11301 HERON BAY BLVD  
2922  
CORAL SPRINGS, FL 33076 US

Mailing Address

11301 HERON BAY BLVD  
2922  
CORAL SPRINGS, FL 33076 US

**20051727**



2. Principal Place of Business

**6325 TWEKS BURY TER.**

3. Mailing Address

**6325 TWEKS BURY TER.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08032006 Chg-LLC CR2E083 (11/05)

City & State **DAVIE**

City & State **DAVIE**

4. FEI Number  
**20-2375360**

Applied For  
Not Applicable

Zip **33331**

Country **BROWARD**

Zip **33331**

Country **BROWARD**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SOMANI, ARUN K  
11301 HERON BAY BLVD  
2922  
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

Name **SOMANI, ARUN K.**

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

**6325, TWEKS BURY TERR.**

City **DAVIE**

FL Zip Code **33331**

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

**08-04-2006**

**Filing Fee is \$50.00  
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **SOMANI, ARUN K**  
STREET ADDRESS **11301 HERON BAY BLVD # 2922**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☒ Change ☐ Addition  
NAME **SOMANI, ARUN K.**  
STREET ADDRESS **6325 TWEKS BURY TERR.**  
CITY-ST-ZIP **DAVIE, FL 33331**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**ARUN K. SOMANI**  
**MANAGING MEMBER**

Date

**08/04/06** **954 3470721**

Daytime Phone #