

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000022787

Entity Name: ARKINES DESIGN, LLC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8400 NW 17 ST  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

8400 NW 17 ST  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 74-3141741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DALESSANDRIA, CARLOS  
5107 NW 106 AVE  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GUTIERREZ, ROSA I  
Address: 5107 NW 106 AVE  
City-St-Zip: DORAL, FL 33178

Title: MGR  
Name: D'ALESSANDRIA, CARLOS  
Address: 5107 NW 106 AVE  
City-St-Zip: DORAL, FL 33178

I hereby 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: ROSA I GUTIERREZ

MGMB

03/31/2010

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