2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90023 002 ****50.00

DOCUMENT # L05000039882

1. Entity Name
ARMEYLIA'S, LLC

Principal Place of Business	Mailing Address
930 TROTTER STREET ~~NOKOMIA~~, FL 34275 Nokomis	930 TROTTER STREET ~~NOKOMIA~~, FL 34275 Nokomis

200030433

04122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
930 Trotter Street	930 Trotter Street
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Nokomis, FL	City & State: Nokomis, FL
Zip: 34275 Country: US	Zip: 34275 Country: US

4. FEI Number: 20-2733907 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOROBEC, MICHAEL S
930 TROTTER STREET
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WOROBEC, MICHAEL S 940 TROTTER STREET NOKOMIS, FL 34275	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WOROBEC, CHARLOTTE J 930 TROTTER STREET NOKOMIS, FL 34275	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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: Michael S. Worobec [signature] 25 APR-06 941-918-2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #