

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057585

Entity Name: ARKITECT CONCEPTS L.L.C.

FILED  
May 12, 2008  
Secretary of State

**Current Principal Place of Business:**

1920 EAST HALLANDALE BEACH BLVD  
PH 2A  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 800412  
MIAMI, FL 33280

**New Mailing Address:**

FEI Number: 20-3068026      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CONTRERAS, ANDRES  
1920 EAST HALLANDALE BEACH BLVD  
PH 2A  
HALLANDALE, FL 33009 US

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

FERNANDO, ANDRES  
1920 EAST HALLANDALE BEACH BLVD  
PH 2A  
HALLANDALE, FL 33009 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: MR FERNANDO

05/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CONTRERAS, ANDRES  
Address: 1920 EAST HALLANDALE BEACH BLV. PH2A  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FERNANDO, ANDRES  
Address: 1920 EAST HALLANDALE BEACH BLV. PH2A  
City-St-Zip: HALLANDALE, FL 33009

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: FERNANDO

MGR

05/12/2008

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