2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000101869

1. Entity Name
ARDMOOR LLC

Principal Place of Business	Mailing Address
1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140	1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

04012008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-3775409		Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, PHILLIP E
1601 NORTH VIEW DRIVE
MIAMI BEACH, FL 33140

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 reinstating)   DATE

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

U00000892843
04/23/08-80082-002 -138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BERNHARDT PETER GOLD HARIG TRUST
STREET ADDRESS	1601 NORTH VIEW DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
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	
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.   305-673-3942

SIGNATURE: _____   X 408.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #