2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2006 8:00 am
Secretary of State
05-02-2006 90024 030 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000108997

1. Entity Name
ALACHA LLC

Principal Place of Business	Mailing Address
591 NE TOWN TERR JENSEN BEACH FL 34957	591 NE TOWN TERR JENSEN BEACH FL 34957

2. Principal Place of Business	3. Mailing Address
591 NE Town Terr	591 NE Town Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jensen Beach FL	City & State: Jensen Beach FL
Zip: 34957 Country: USA	Zip: 34957 Country: USA

4. FEI Number: 41-2188945 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

PULIATTI, ARI
591 NE TOWN TERR
JENSEN BEACH FL 34957

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 Ari S. Puliatti
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PULIATTI, DESIREE		NAME	
STREET ADDRESS	591 NE TOWN TERR		STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PULIATTI, ARI		NAME	
STREET ADDRESS	591 NE TOWN TERR		STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Desiree Puliatti Desiree Puliatti 4/11/06 772 607-2098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #