## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L05000111095

1. Entity Name ALMIC DAYTONA, LLC



**FILED** Apr 08, 2008 08:00 Al Secretary of State

Principal Place of Business

150 SOUTH PALMETTO AVENUE SUITE A DAYTONA BEACH, FL 32114

Mailing Address

150 SOUTH PALMETTO AVENUE SUITE A DAYTONA BEACH, FL 32114



03212008 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (12/07)

4. FEI Number 20-3965878

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TUMBLESON, J DOYLE 150 SOUTH PALMETTO AVENUE SUITE A DAYTONA BEACH, FL 32114

2,	20	. N	O	Γν	۷R	IT	F
	4-2-3		P. 100	ૡ૽ૺૺૡ૽ૺ૱ૢ૿ૼૺૡ	S. (A.)	to Killing	
٠.	N	TH	IIS	S	PA	CI	Ξ

	<ul> <li>above named entity submits this statement for the purpose of char obligations of registered agent.</li> </ul>	inging its registered office or registered agent, or both, in	the State of Florida I am familiar with, and accept		
SIGNATURE					
	Signature, hyped or printed name of registered agent and title d applicable	(NOTE: Registered Agent signature required when reinstating)	DATE TO THE TOTAL		

## FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KABESHITA, AL
STREET ADDRESS	3655 OHIO AVENUE
CITY-ST-ZIP	ST. CHARLES, IL 60174
TITLE	MGR
NAME	KABESHITA, MIKO
STREET ADDRESS	3655 OHIO AVENUE
CITY-ST-ZIP	ST. CHARLES, IL 60174
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 lighature 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 regency or truster manager of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF RIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #