

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000112644

Entity Name: ARAMIS LLC

FILED
Oct 13, 2006
Secretary of State

Current Principal Place of Business:

539 KNIGHT BRIDGE CIR
DAVENPORT, FL 33896

New Principal Place of Business:

711 LOCUST AVE
SANFORD, FL 32771

Current Mailing Address:

539 KNIGHT BRIDGE CIR
DAVENPORT, FL 33896

New Mailing Address:

711 LOCUST AVE
SANFORD, FL 32771

FEI Number: 76-0828085 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:

POGOSJAN, ARGAM
539 KNIGHT BRIDGE CIR
DAVENPORT, FL 33896 US

Name and Address of New Registered Agent:

POGOSJAN, ARMAN
711 LOCUST AVE
SANFORD, FL 32771 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: PA

10/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POGOSJAN, ARMAN
Address: 122 THOMAS ST
City-St-Zip: HAMLET, NC 28345

Title: MGRM () Delete
Name: POGOSJAN, ARGAM
Address: 539 KNIGHT BRIDGE CIR
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POGOSJAN, ARMAN
Address: 122 THOMAS ST
City-St-Zip: HAMLET, NC 28345

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: POGOSJAN ARMAN

PA

10/13/2006

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