


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000016258</b> 1. Entity Name AROMA RESTAURANT, LLC.	
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Principal Place of Business 9479 HARDING AVE. SURFSIDE, FL 33154	Mailing Address 9479 HARDING AVE. SURFSIDE, FL 33154
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**DO NOT WRITE IN THIS SPACE**



04112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4309734	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JOSEPH H. HUPPERT, CPA, PA 17611 SW 48 STREET SOUTHWEST RANCHES, FL 33331
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUDMIR, IAN 9479 HARDING AVENUE SURFSIDE, FL 333154
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U000000913423  
05/08/08-80015-017 138.75

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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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