2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMEN I # LU6UUUU22674 1. Enlity Name ARMEDA FAMILY, LLC							02-19-200	90199) 045 ***	**50.00
Principal Place of Business 19440 ARMEDA ROAD FORT MYERS, FL 33920			Mailing Address 19440 ARMEDA ROAD FORT MYERS, FL 33920			U#####################################				
2. Principal Place of Business - No P.O. Box# 3. Mailing Address						-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182007	Chg-LLC	CR2E0)83 (12/ 0 6)	1
City & State			City & State			4. FEI Numb	515279	7	<u> </u>	pplied For tot Applicable
Zip		Country	Zip	Coun	ntry	<u></u>	of Status Desired		\$5.00 Ad Fee Require	
	6. Name	and Address of Current F	Registered Agent		Name	7. Name and	Address of New F	legistered /	igent	
ARMEDA,	^ D			Street Address	(P.O. Box Number is Not Acceptable)					
19440 ARMEDA ROAD FORT MYERS, FL 33920							<u>_</u>			
					City				Zip Coc	
					<u> </u>		un in the State of FI	FL	·	
	tions of registe		r the purpose of changing its		ed Agent dignature require		JIII, EI HING JAZIC CA FR	DATE		, and accept
Filing Fee is \$50.00 Due by May 1, 2007								se check p a Departm	ayable to ent of Stat	te_
9.		MANAGING MEMBE		10.			ADDITIONS	/CHANGES		
MANE Manager NICK Armeda			☐ Delete	TITL NAM					Change	☐ Addition
STREET ADDRESS 19440 Armeda			Rd	STRE	EET ADDRESS -ST-ZIP					
TITLE	manag			TITL					☐ Change	☐ Addition
ince managing member Suzanne Swan Arr STREET ADDRESS 19440 Armeda Abo			meda.	HAM STR	EET ADDRESS					
CITY-ST-20 ALVO, CL. 330			920		·ST-ZIP					
TITLE			☐ Delete	TITL	1				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STR	EFT ADORESS 7-ST-ZIP					
TITLE .		1	☐ Delete	THTL					Change	Addition
STREET ADDRESS				NAM STRE	EET ADDRESS					
CITY-ST-ZIP	<u> </u>			CITY	r-ST-ZIP					<u> </u>
TITLE			☐ Detete	TITL NAV	l				☐ Change	Addition
STREET ADDRESS				STRI	EET ADDRESS					
CITY-ST-ZIP	 -			_	r-ST-ZIF				- Character	
TITLE	1		☐ Oelete	THE					Change	☐ Addition
STREET ADDRESS	-				EET ADORESS (-ST-ZIP			-		
11 I bereby	certify that the	a information supplied with	this filing does not qualify fo	r the exc	emotions contained	in Chapter 119	, Florida Statutes. I f	urther certify	that the inf	ormation
indicated	d on this repor	n is true and accurate and	that my signature shall have empowered to execute this	the sam	e legal effect as il	made under oat	n; that I am a mana; Statules.	ging membe	ii or managi	er of the
SIGNATURE: Thek Armeda 16 Feb 07										