

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051677

FILED
Apr 14, 2009
Secretary of State

Entity Name: KOMARELLI LLC

Current Principal Place of Business:

5834 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5834 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 71-1005107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALVA, HARI
5834 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

OKADA, NAOKO
5834 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484 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: NAOKO OKADA

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KALVA, HARI
Address: 5834 VIA DE LA PLATA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: OKADA, NAOKO
Address: 5834 VIA DE LA PLATA CIR
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby certify that the information supplied with this filing does not qualify 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: HARI KALVA

MGR

04/14/2009

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