

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053813

FILED
Apr 23, 2009
Secretary of State

Entity Name: ARNOLDO MARTINEZ, LLC.

Current Principal Place of Business:

C/O C. ALLEN
2748 BLOWING BREEZE WAY
ORLANDO, FL 32820

New Principal Place of Business:

C/OC ALLEN-BOX831463
OCALA, FL 34483

Current Mailing Address:

C/O C. ALLEN
POB 780158
ORLANDO, FL 32878

New Mailing Address:

C/OC ALLEN-BOX831463
OCALA, FL 34483

FEI Number: 20-4942430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPP, BJ
7451 SADLER RD BOX 67
TANGERINE, FL 32777 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINEZ, ARNOLDO
Address: C/O C. ALLEN 2748 BLOWING BREEZE WAY
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTINEZ, ARNOLDO
Address: C/OC ALLEN-BOX831463
City-St-Zip: OCALA, FL 34483

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: ARNOLDO M MARTINEZ

MGRM

04/23/2009

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