

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073802

FILED
Apr 30, 2009
Secretary of State

Entity Name: ARKAL, LLC

Current Principal Place of Business:

3910 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

3910 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 20-5261763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMIS, ARKADY
3910 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33160 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: MGR () Delete
Name: SHAMIS, ARKADY
Address: 3910 N.E. 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR () Delete
Name: BLINKIN, ALEXANDER
Address: 4000 ISLAND BOULEVARD, APT 1207
City-St-Zip: AVENTURA, FL 33160

Title: MGR (X) Delete
Name: BLINKIN, LARISA
Address: 4000 ISLAND BOULEVARD, APT 1207
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: KESLIN, THEODORE
Address: 16275 COLLINS AVENUE, APT 602
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

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: ARKADY SHAMIS

MGR

04/30/2009

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