## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## ANNUAL REPORT DOCUMENT # L06000077945

1. Entity Name FIRMAMENT LLC

May 01, 2008 08:00 AN Secretary of State

**FILED** 

Principal Place of Business

3389 SHERIDAN ST #566 HOLLYWOOD, FL 33021 Mailing Address

3389 SHERIDAN ST #566 HOLLYWOOD, FL 33021



04232008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRACIA, VANESSA 3389 SHERIDAN ST #566 HOLLYWOOD, FL 33021

SIGNATURE:

SIGNATURE AND TYPED ON PRI

## DO NOT WRITE IN THIS SPACE

| HOLLYWOOD, FL 33021  |   | 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. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Med or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE  |   |   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   | U00000943061<br>05/29/08-80045-011 143.75 |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>GRACIA, RUDDY<br>3389 SHERIDAN ST #566<br>HOLLYWOOD, FL 33021 | ·   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>GRACIA, MARIA<br>3389 SHERIDAN ST #566<br>HOLLYWOOD, FL 33021 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | DO NOT WRITE                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | IN THIS SPACE                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | -   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |
| 11. I hereby certify that the information supplied with this filing does not quality 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. |   |   |

HORIZED REPRESENTATIVE