2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000087738

1. Entity Name
ARBEMORO, LLC

FILED
Sep 18, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
C/O ALBERTO C. RODRIGUEZ LAW OFFICE OFIC. 520, EDIFICIO METRO 3, METRO OFFICE GUAYNABO, PR 00968 PR	C/O ALBERTO C. RODRIGUEZ LAW OFFICE OFIC. 520, EDIFICIO METRO 3, METRO OFFICE GUAYNABO, PR 00968 PR

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07032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
66-0689937

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET, SUITE 2900
MIAMI, FL 33131

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	RODRIGUEZ, ALBERTO C
STREET ADDRESS	OFIC. 520, EDIFICIO METRO 3, METRO OFFICE
CITY-ST-ZIP	GUAYNABO, PUERTO RICO 00968, PR 00968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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09/18/08-80004-004 143.75

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11. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: _____ 4/Sept 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #