05/01/2007 13:18 3084519896 TOLLEY CPA

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May 03, 2007 8:00 am
Secretary of State

05-03-2007 90253 045 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000093378

1. Entity Name
ARMIDA, LLC

60047856

Principal Place of Business	Mailing Address
13627 DEERING BAY DRIVE #1003 CORAL GABLES, FL 33158	13627 DEERING BAY DRIVE #1003 CORAL GABLES, FL 33158
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

05012007 Cng-LLC CR2E083 (12/06)

4. FEI Number 20-5689056 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBLOOM, DAVIS & TOLLEY, P.L.L.C.
9200 S. DADELAND BLVD STE 412
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: Tolley, Davis & Company, PLLC
Street Address (P.O. Box Number is Not Acceptable): 9350 S. Dixie Highway
Penthouse V
City: Miami FL Zip Code 33156

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

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MGRM MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michele Karsenti 13627 Deering Bay Drive 33158 - Coral Gbls FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: M. Karsenti 04.30.07 305.491.7631
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #