

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099827

FILED
Mar 10, 2009
Secretary of State

Entity Name: ARZIKI ENTERPRISES, LLC

Current Principal Place of Business:

2230 S.E. 19TH AVENUE
HOMESTEAD, FL 33035

New Principal Place of Business:

Current Mailing Address:

2230 S.E. 19TH AVENUE
HOMESTEAD, FL 33035

New Mailing Address:

FEI Number: 38-3744366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, JULIAN
2230 S.E. 19TH AVENUE
HOMESTEAD, FL 33035 US

Name and Address of New Registered Agent:

CORA, NATHALIA
2230 S.E. 19TH AVENUE
HOMESTEAD, FL 33035 US

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: NATHALIA CORA

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLORES, JULIAN
Address: 2230 S.E. 19TH AVENUE
City-St-Zip: HOMESTEAD, FL 33035 US

Title: MGRM (X) Delete
Name: CORA, NATHALIA
Address: 2230 S.E. 19TH AVENUE
City-St-Zip: HOMESTEAD, FL 33035 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORA, NATHALIA
Address: 2230 S.E. 19TH AVENUE
City-St-Zip: HOMESTEAD, FL 33035 US

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: NATHALIA CORA

MGRM

03/10/2009

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