

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90068 034 \*\*\*138.75

**DOCUMENT # L07000044669**

1. Entity Name  
**AR TECHNOLOGIES LLC**



Principal Place of Business  
**13787 STAMFORD DRIVE**  
**WELLINGTON, FL 33414 US**

Mailing Address  
**13787 STAMFORD DRIVE**  
**WELLINGTON, FL 33414 US**

**60005241**



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

01182008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAMNARINE, REYNOLD**  
**13787 STAMFORD DRIVE**  
**WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name **DAVITA RAMNARINE**

Street Address (P.O. Box Number is Not Acceptable)  
**13787 Stamford Drive**

City **Wellington**

**FL**

Zip Code **33414**

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**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
NAME **RAMNARINE, REYNOLD** ☒ Delete  
STREET ADDRESS **13787 STAMFORD DRIVE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **MGRM**  
NAME **AVILES, IVAN** ☒ Delete  
STREET ADDRESS **13787 STAMFORD DRIVE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **DAVITA RAMNARINE** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **13787 STAMFORD DRIVE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **JIAN CAI** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **1907 SILVER BELL TERRACE**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**DAVITA RAMNARINE**

**561-795-1846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #