

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000048880

**FILED  
Apr 30, 2008  
Secretary of State**

**Entity Name:** ARMIEN, LLC

**Current Principal Place of Business:**

1503 SW 143 PLACE  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 941213  
MIAMI, FL 33194

**New Mailing Address:**

1503 SW 143 PLACE  
MIAMI, FL 33184

**FEI Number:** 64-0960844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARTEAGA, AURELIO R  
1503 SW 143 PLACE  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARTEAGA, AURELIO R  
Address: PO BOX 941213  
City-St-Zip: MIAMI, FL 33194

Title: MGRM ( ) Delete  
Name: ARTEAGA, MARIANNE R  
Address: PO BOX 941213  
City-St-Zip: MIAMI, FL 33194

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIANNE R. ARTEAGA

MGRM

04/30/2008

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