2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90039 007 ***138.75

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01082008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000055033

1. Entity Name
AR LLC

Principal Place of Business	Mailing Address
10271 SW 72ND STREET SUITE 102 MIAMI, FL 33173 US	10271 SW 72ND STREET SUITE 102 MIAMI, FL 33173 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8370 NW 159 Terrace		8370 NW 159 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Lakes, FL		City & State: Miami Lakes, FL	
Zip: 33016	Country: USA	Zip: 33016	Country: USA

4. FEI Number: 26-0259563 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALOS, ANDRES
10271 SW 72ND STREET
SUITE 102
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALOS, ANDRES 10271 S.W. 72ND STREET, SUITE 102 MIAMI, FL 33173	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rafael Padron, Jr. 8370 NW 159 Terrace Miami Lakes, FL 33016	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JULIE PADRON 8370 NW 159 Terr. MIAMI LAKES, FL 33016	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1/9/08 (305) 525-3054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #