

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103594

Entity Name: ARREZ LLC

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

11751 TYNDEL CREEK DR  
JACKSONVILLE, FL 32223 US

## New Principal Place of Business:

11730 EDGEMERE DR  
JACKSONVILLE, FL 32223 US

## Current Mailing Address:

11751 TYNDEL CREEK DR  
JACKSONVILLE, FL 32223 US

## New Mailing Address:

11730 EDGEMERE DR  
JACKSONVILLE, FL 32223 US

FEI Number: 71-1052292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

## Name and Address of New Registered Agent:

THOMAS SUAREZ  
11730 EDGEMERE DR  
JACKSONVILLE, FL 32223 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: THOMAS SUAREZ

04/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SUAREZ, TOM  
Address: 11751 TYNDEL CREEK DR  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM ( ) Delete  
Name: ARRAS, STEVEN  
Address: 12305 TEAL RUN  
City-St-Zip: JACKSONVILLE, FL 32258

## 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: THOMAS SUAREZ

MGMR

04/15/2009

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