

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105457

Entity Name: ALLFREERUS, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2635 NE 188 ST  
NORTH MIAMI BEACH, FL 33180 US

**New Principal Place of Business:**

1963 NE 147 LANE  
NORTH MIAMI, FL 33181 US

**Current Mailing Address:**

3101 SOUTH OCEAN DRIVE  
#405  
HOLLYWOOD, FL 33019 US

**New Mailing Address:**

3101 SOUTH OCEAN DRIVE  
#2307  
HOLLYWOOD, FL 33019 US

FEI Number: 26-3971803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAVENDER, JOEL F  
507 SOUTHEAST 11TH COURT  
FORT LAUDERDALE, FL 33316 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: MGRM  
Name: GURDIEL, JORGE  
Address: 1963 NE 147 LANE  
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: MGRM  
Name: DELLE CAVE, ORIANA  
Address: 1963 NE 147 LANE  
City-St-Zip: NORTH MIAMI, FL 33181 US

I hereby 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: ORIANA DELLE CAVE

MGRM

04/29/2010

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