

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000079061

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** ARETE LLC

**Current Principal Place of Business:**

1897 PALM BEACH LAKES BLVD  
224  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1897 PALM BEACH LAKES BLVD  
224  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAWSON, DOUGLAS A  
1897 PALM BEACH LAKES BLVD  
224  
WEST PALM BEACH, FL 33409 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  
**Name:** STEPHENS, JOHN  
**Address:** 1897 PALM BEACH LAKES BLVD SUITE 224  
**City-St-Zip:** WEST PALM BEACH, FL 33409

**Title:** MGR  
**Name:** CHIBAR, CHARMAINE  
**Address:** 7893 MANOR FOREST LANE  
**City-St-Zip:** BOYNTON BEACH, FL 33436

**Title:** MGR  
**Name:** CHIBAR, KEVIN  
**Address:** 10041 CYPRESS KNEE CIRCLE  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** MGR  
**Name:** LAWSON, DOUGLAS  
**Address:** 1897 PALM BEACH LAKES BLVD SUITE 224  
**City-St-Zip:** WEST PALM BEACH, FL 33409

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:** DOUGLAS LAWSON

PRES

05/01/2011

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