

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000084028

FILED  
May 01, 2011  
Secretary of State

Entity Name: OUR ALLIES LLC

**Current Principal Place of Business:**

4779 COLLINS AVE  
2107  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4779 COLLINS AVE  
2107  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

ARGUELLO, ERNESTO  
4779 COLLINS AVE  
2107  
MIAMI BEACH, FL 33140 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: ARGUELLO, ERNESTO  
Address: 4779 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM  
Name: PIERRE, MAXIME  
Address: 4779 COLLINS AVE, APT. 2107  
City-St-Zip: MIAMI BEACH, FL 33140

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: ERNESTO ARGUELLO                      MGRM                      05/01/2011

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