

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117218

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** ARIEL RESTAURANT OF DEL PRADO, LLC

**Current Principal Place of Business:**

18071 BISCAYNE BOULEVARD  
AVENTURA, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

3300 NE 191 STREET  
APT. #1602  
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number:** 27-3907773      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NERDINSKY, DINA ESQ.  
3800 S. OCEAN DRIVE  
SUITE 222  
HOLLYWOOD, FL 33180 US

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

SAYROVA, CHOLPON  
18071 BYSCAYNE BLVD  
AVENTURA, FL 33160 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: SABYROVA

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SABYROVA, CHOLPON L  
**Address:** 3300 NE 191 STREET, APT. #1602  
**City-St-Zip:** AVENTURA, FL 33180 US

**Title:** MGR  
**Name:** NAINBAEV, RAHIM  
**Address:** 3300 NE 191 STREET, APT. #1602  
**City-St-Zip:** AVENTURA, FL 33180 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: SABYROVA

MGRM

02/07/2012

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