


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # M04000004841 1. Entity Name ARMIGER MANAGEMENT, LLC |  |
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| Principal Place of Business 115 SUNSET DRIVE NOKOMIS, FL 34275 | Mailing Address 115 SUNSET DRIVE NOKOMIS, FL 34275 |
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DO NOT WRITE IN THIS SPACE



03152008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-0440726 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CAMPBELL, CURRAN 115 SUNSET DRIVE NOKOMIS, FL 34275 |
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8. 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. I am familiar with, and accept the obligations of registered agent

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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|---|---|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | 000000879003 04/15/08-80003-004 138.75 |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CAMPBELL, CURRAN 115 SUNSET DRIVE NOKOMIS, FL 34275 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

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|--|---------------------|--------------------------------|
| SIGNATURE: <i>✓ Curran Campbell</i> CURRAN CAMPBELL as Managing Member <i>✓ March 31st 2008</i> <i>✓ 944-484-5783</i> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |