


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000004842 1. Entity Name ARMIGER CAPITAL, 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



04052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0440695	Applied For <input type="checkbox"/> 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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____


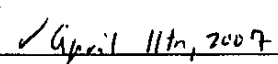
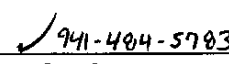
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, CURRAN 115 SUNSET DRIVE NOKOMIS, FL 34275
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05/18/07-80085-006 50.00

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.

SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #