

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000359

Entity Name: COACHY ARI, LLC

FILED  
Jun 15, 2009  
Secretary of State

## Current Principal Place of Business:

1011 CRYSTAL WAY APT. P  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

260 N.E. 5TH AVE.  
DELRAY BEACH, FL 33444

## Current Mailing Address:

900 PENNSYLVANIA AVE  
APT 4  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 20-5497491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FERRAO, YARIXA  
1011 CRYSTAL WAY APT. P  
DELRAY BEACH, FL 33444      US

## Name and Address of New Registered Agent:

FERRAO, YARIXA  
900 PENNSYLVANIA AVE.  
APT. # 4  
MIAMI BEACH, FL 33139      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:

06/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: FERRAO, YARIXA  
Address: 1011 CRYSTAL WAY APT. P  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: FERRAO, YARIXA  
Address: 900 PENNSYLVANIA AVE. APT. # 4  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: YARIXA FERRAO

MGR

06/15/2009

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