

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000016813

1. Entity Name
SYDNEY AND ASSOCIATES, LLC



Principal Place of Business
**9444 OLYMPIA FIELDS DR
SAN RAMON, CA 94583**

Mailing Address
**9444 OLYMPIA FIELDS DR
SAN RAMON, CA 94583**



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0800509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VOGT, MARC D
1270 NORTH EGLIN PARKWAY
STE # A15
SHALIMAR, FL 32579**

**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

MARC D. Vogt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4-3-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000882859
04/16/08-80057-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WADE, JUDITH
STREET ADDRESS	10528 PATRINGTON CT
CITY-ST-ZIP	LAS VEGAS, NV 89123
TITLE	MGRM
NAME	BRACK, CHRIS
STREET ADDRESS	9444 OLYMPIA FIELDS DR
CITY-ST-ZIP	LAS VEGAS, NV 89123
TITLE	MGRM
NAME	BRACK, JEREMY
STREET ADDRESS	9444 OLYMPIA FIELDS DR
CITY-ST-ZIP	SAN RAMON, CA 94583
TITLE	MGRM
NAME	WADE, SEAN
STREET ADDRESS	571 W. RINCON AVE
CITY-ST-ZIP	CAMPBELL, CA 95008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Chris Brack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-3-08 (925) 361-7227

Date

Daytime Phone #