

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90034 010 ****50.00

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1. Entity Name
SHERWOOD INVESTMENTS, LLC



Principal Place of Business
**2600 DOUGLAS ROAD, PH-6
CORAL GABLES, FL 33134**

Mailing Address
**2600 DOUGLAS ROAD, PH-6
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



01032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1549315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PADIAL, JOSE I
2600 DOUGLAS ROAD, PH-6
CORAL GABLES, FL 33134**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

~~Change Fee \$50.00~~
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FERNANDEZ, ALEJANDRO
2600 DOUGLAS ROAD, PH-6
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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.

SIGNATURE: **X**

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

01.09.06 (305)860-3091

Date

Daytime Phone #