2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L06000085638 1. Entity Name 02-27-2007 90081 024 ****55.00 RUSIED L.L.C. Principal Place of Business Mailing Address 8450 WEST OAKLAND PARK BLVD 1000 NW 80 AVE SUNRISE, FL 33351 MARGATE, FL 33063 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. 02232007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 262277342 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALDERRAMA, JOHNNY 1000 NW 80 AVE Street Address (P.O. Box Number is Not Acceptable) MARGATE, FL 33063 Zip Code 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. | am familiar with, and accept the obligations of registered agent. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ☐ Delete Treasurer (Change TITLE TITLE ■ Addition Baiderrama. Tohnny 1000 bw 80 Ave #201 **BALDERRAMA, JOHNNY** NAME 1000 NW 80 AVE #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Change BALDERRAMA, SIMON E NAME NAME STREET ADDRESS 1000 NW 80 AVE #201 STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-70 MGR TITLE MLE ☐ Change ☐ Addition NAME BALDERRAMA, EDGAR NAME STREET ADDRESS 1000 NW 80 AVE # 201 STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE President ■ Addition BALDERRAMA, ROSA Balderrama, Aosa NAME NAME 1000 NW 80 AVE. APT 201 STREET ADDRESS STREET ADDRESS iaan niw solavé MARGATE, FL 33063 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Feb 27, 2007 8:00 am