

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000021228

FILED  
Mar 02, 2010  
Secretary of State

Entity Name: BESIDU, LLC

**Current Principal Place of Business:**

TWO SOUTH BISCAYNE BOULEVARD  
SUITE 1570  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

TWO SOUTH BISCAYNE BOULEVARD  
SUITE 1570  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HELLER, LAWRENCE R ESQUIRE  
TWO SOUTH BISCAYNE BOULEVARD  
SUITE 1570  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DUMONTET REMONDA, MARIA JOSE  
Address: TWO SOUTH BISCAYNE BOULEVARD # 1570  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: REMONDA LAMAS, SILVIA NORMA  
Address: TWO SOUTH BISCAYNE BOULEVARD, # 1570  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: DUMONTET REMONDA, MARIA BELEN  
Address: TWO SOUTH BISCAYNE BOULEVARD, # 1570  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: DUMONTET, HECTOR AUGUSTO R  
Address: TWO SOUTH BISCAYNE BOULEVARD, # 1570  
City-St-Zip: MIAMI, FL 33131

I hereby 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: HECTOR AUGUSTO R. DUMONTET                      MGMR                      03/02/2010

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