

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000075656

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA RESEARCH ADVANTAGE, LLC

**Current Principal Place of Business:**

16134 SW 2ND DRIVE  
PEMBROKE PINES, FL 33027 US

**New Principal Place of Business:**

21097 NE 27TH COURT  
SUITE 330  
AVENTURA, FL 33180 US

**Current Mailing Address:**

16134 SW 2ND DRIVE  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

FEI Number: 27-1737129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RIVERA, SARA L  
16134 SW 2ND DRIVE  
PEMBROKE PINES, FL 33027 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: MGRM  
Name: RIVERA, NELSON O  
Address: 16134 SW 2ND DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM  
Name: RIVERA, SARA L  
Address: 16134 SW 2ND DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM  
Name: BOYER, BRENDA S  
Address: 10115 SW 13TH STREET APT. 207  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM  
Name: BOYER, JOHN  
Address: 10115 SW 13TH STREET APT. 207  
City-St-Zip: PEMBROKE PINES, FL 33025 US

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: SARA L. RIVERA

MGRM

04/07/2011

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