

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90534 011 \*\*\*\*50.00

**DOCUMENT # L01000017141**

1. Entity Name  
9308 HOLDINGS, L.L.C.



Principal Place of Business  
C/O RICHARD J. ALAN CAHAN, ESQ.  
121 ALHAMBRA PLAZA, SUITE 1000  
CORAL GABLES, FL 33134

Mailing Address  
C/O RICHARD J. ALAN CAHAN, ESQ.  
121 ALHAMBRA PLAZA, SUITE 1000  
CORAL GABLES, FL 33134

**20023140**



01102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1136884

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ALAN CAHAN, RICHARD J ESQ.  
BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA SUITE 1000  
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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PLAISIER, PETER  
3342 BB HENDRIK-IDO-AMBACHT DORPSSTRAAT 53  
THE NETHERLANDS,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BOL, RW  
3342 BB HENDRIK-IDO-ARCHTERAMACHT  
THE NETHERLANDS,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

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

Date

Daytime Phone #

02/14/05