

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000056875

1. Entity Name
CODAN LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 10:20

Principal Place of Business
2665 S. BAYSHORE DRIVE, STE. 703
MIAMI, FL 33133

Mailing Address
2665 S. BAYSHORE DRIVE, STE. 703
MIAMI, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09062005

Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1729150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DRIVE, STE. 703
MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CORREA, RODOLFO M
2665 S. BAYSHORE DRIVE, STE. 703
MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
ROGUE DUMONTET, HECTOR A
2665 S. BAYSHORE DRIVE, STE. 703
MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
Rogue, Hector A. Dumontet
2665 S. Bayshore Drive, Suite 703
Miami, FL 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
200059776302
09/20/05--01023--023 ***100.00

TITLE
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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: Timothy D. Richards

9/6/05

(305) 858-9900

SIGNATURE:

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

Date

Daytime Phone #