

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027759

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: SEFARDIK ASSOCIATES, LLC

**Current Principal Place of Business:**

3671 SOUTH MIAMI AVE.  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

6865 N. LINCOLN AVE.  
LINCOLNWOOD, IL 60712

**New Mailing Address:**

FEI Number: 22-3881905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GINSPARG, NORMAN J  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 US

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

INCorp SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

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: SARAH GIBSON ON BEHALF OF INCORP SERVICES

04/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ESFORMES, MORRIS I  
Address: 6865 N. LINCOLN AVE.  
City-St-Zip: LINCOLNWOOD, IL 60712

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MORRIS ESFORMES

MGR

04/16/2008

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