

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055791

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: STRAPID, L.L.C.

## Current Principal Place of Business:

10800 BISCAYNE BLVD., 925  
MIAMI, FL 33161

## New Principal Place of Business:

3600 MYSTIC POINTE DRIVE  
LP-6  
AVENTURA, FL 33180

## Current Mailing Address:

10800 BISCAYNE BLVD., 925  
MIAMI, FL 33161

## New Mailing Address:

3600 MYSTIC POINTE DRIVE  
LP-6  
AVENTURA, FL 33180

FEI Number: 26-2430805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRIER, ADRIANA  
10800 BISCAYNE BLVD., 925  
MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

BRIER, ADRIANA  
3600 MYSTIC POINTE DRIVE  
LP-6  
AVENTURA, FL 33180 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: ADRIANA BRIER

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KASHIRIN, ALEXEY  
Address: 3340 190TH STREET, APT. 405  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: YUSINA, ANASTASIA  
Address: 3340 190TH STREET, APT. 405  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES:

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

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: ANASTASIA YUSINA

MGRM

04/30/2009

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