

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000283

Entity Name: VALIDIES LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

2711 SEGOVIA STREET
APT 2
CORAL GABLES, FL 33134

Current Mailing Address:

C/O 493 MOMMOUTH ST
APT 2L
JERSEY CITY, NJ 07302

New Principal Place of Business:

1155 BRICKELL BAY DRIVE
APT 806
MIAMI, FL 33131

New Mailing Address:

C/O 493 MONMOUTH ST
APT 2L
JERSEY CITY, NJ 07302

FEI Number: 65-1088127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, PRISCILLA
115 BRICKELL BAY DRIVE APT 806
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GARCIA, PRISCILLA
1155 BRICKELL BAY DRIVE APT 806
MIAMI, FL 33131 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:

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, PRISCILLA
Address: 493 MOMMOUTH ST APT 21
City-St-Zip: JERSEY CITY, NJ 07302

Title: MGR () Delete
Name: DE CORREA, DIANA
Address: 1155 BRICKELL BAY DRIVE, APT 806
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, PRISCILLA
Address: 493 MONMOUTH ST APT 2L
City-St-Zip: JERSEY CITY, NJ 07302

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: PRISCILLA F. GARCIA

MNGR

02/04/2009

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