2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000001246

1. Entity Name
HYERDALE ASSOCIATES, LLC

Principal Place of Business	Mailing Address
6440 SOUTHWEST 85 STREET MIAMI, FL 33143	P.O. BOX 561689 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

02172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4560497
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, TOBY
6440 SOUTHWEST 85 STREET
MIAMI, FL 33143

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000039113
03/05/08-80053-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	RICHARDS, VICTOR
STREET ADDRESS	PO BOX 561689
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	P
NAME	RICHARDS, TOBY
STREET ADDRESS	P.O. BOX 561689
CITY-ST-ZIP	MIAMI, FL 331561689
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	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Toby Richards 2-18-08 305 665-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #