2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 10, 2004 8:00 am Secretary of State 05-10-2004 90012 010 ****50.00 DOCUMENT # L01000002596 1. Entity Name SIERRA'S, L.L.C. 24069941 Principal Place of Business Mailing Address 6885 N.W. 25TH STREET 6885 N.W. 25TH STREET MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address 20th Street 0857 NW 10857 NW Suite, Apt. #, etc. 05032004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Florid Miami 65-1079948 Mian Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired 37-17-2 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUEVAS, ANDREW ESQ. Street Address (P.O. Box Number is Not Acceptable) CUEVAS & RUBIN, P.A. 536 BILTMORE WAY CORAL GABLES, FL 33134 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE Delete ☐ Change ☐ Addition SIERRA, JUAN NAME NAME 6885 N.W. 25TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition INVERSIONES LALIWHITE LIMITADA NAME NAME STREET ADDRESS 6885 N.W. 25TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 employered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

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NAME

TITLE

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED

CITY-ST-ZIP

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NAME

TITLE

Juan Slawa President April 25/04 IAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

☐ Delete

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Change

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