

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003774

Entity Name: PUREDIGITAL LLC

FILED  
May 30, 2006  
Secretary of State

**Current Principal Place of Business:**

229 SUNNY ISLES BLVD.  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

16469 N.E. 30TH AVENUE  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

229 SUNNY ISLES BLVD.  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

16469 N.E. 30TH AVENUE  
NORTH MIAMI BEACH, FL 33160

FEI Number: 65-1086743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SNYDER, SETH  
229 SUNNY ISLES BLVD.  
NORTH MIAMI BEACH, FL 33160      US

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

SNYDER, SETH  
16469 N.E. 30TH AVENUE  
NORTH MIAMI BEACH, FL 33160      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: SETH SNYDER

05/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SNYDER, SETH  
Address: 16469 NE 30TH AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**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 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: SETH SNYDER

M

05/30/2006

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