

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90155 024 \*\*\*\*50.00

DOCUMENT # L01000017141

1. Entity Name  
9308 HOLDINGS, L.L.C.



Principal Place of Business  
C/O RICHARD J. ALAN CAHAN, ESQ.  
121 ALHAMBRA PLAZA, SUITE 1000  
CORAL GABLES, FL 33134

Mailing Address  
C/O RICHARD J. ALAN CAHAN, ESQ.  
121 ALHAMBRA PLAZA, SUITE 1000  
CORAL GABLES, FL 33134



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1136884

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ALAN CAHAN, RICHARD J ESQ.  
BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA SUITE 1000  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME PLAISIER, PETER  
STREET ADDRESS 3342 BB HENDRIK-IDO-AMBACHT DORPSSTRAAT 53  
CITY-ST-ZIP THE NETHERLANDS,

TITLE MGR  
NAME BOL, RW  
STREET ADDRESS 3342 BB HENDRIK-IDO-ARCHTERAMACHT  
CITY-ST-ZIP THE NETHERLANDS,

TITLE ASS. MGR.  
NAME DONS, ANTOINE MARLO GEORGE  
STREET ADDRESS 9308 CARLYLE AVE.  
CITY-ST-ZIP SURFSIDE, FL 33154

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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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/28/07 305-866-1678