

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90356 015 ****50.00

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1. Entity Name
SIMHI, L.L.C.



Principal Place of Business
11900 BISCAYNE BLVD., SUITE 801
NORTH MIAMI, FL 33181

Mailing Address
11900 BISCAYNE BLVD., SUITE 801
NORTH MIAMI, FL 33181

40074836



2. Principal Place of Business - No P.O. Box #
1111 Park Centre Blvd
Suite, Apt. #, etc. #360

3. Mailing Address
1111 Park Centre Blvd
Suite, Apt. #, etc. #360

04132007 Chg-LLC CR2E083 (12/06)

City & State
Miami FL
Zip 33169 Country USA

City & State
Miami FL
Zip 33169 Country USA

4. FEI Number
81-0558353
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REINHARD, SANFORD N P.A.
2875 N.E. 191ST STREET, SUITE 404
AVENUTRA, FL 33180

7. Name and Address of New Registered Agent

Name Karen H. Llera
Street Address (P.O. Box Number is Not Acceptable)
1111 Park Centre Blvd #360
City Miami FL Zip Code 33169

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 *Karen H. Llera* *Karen H. Llera* DATE 4-12-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WESTFIELD FINANCIAL CORP. INC.
STREET ADDRESS 11900 BISCAYNE BOULEVARD #801
CITY-ST-ZIP NORTH MIAMI, FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Westfield Financial Corp Inc
STREET ADDRESS 1111 Park Centre Blvd #360
CITY-ST-ZIP Miami FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Karen H. Llera* *Karen H. Llera, Corp Secretary* DATE 4-12-2007 DAYTIME PHONE # 305 899 8894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE