2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State
02-01-2008 90045 001 ***138.75

DOCUMENT # L02000019271

1. Entity Name
RADIEMAR, LLC

Principal Place of Business	Mailing Address
335 S BISCAYNE BLVD 1401 MIAMI, FL 33131	5839 N BAY RD MIAMI BEACH, FL 33140

01232008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1040 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1508
City & State	City & State Miami, FL
Zip / Country	Zip 33132 / Country USA

4. FEI Number 26-1660280 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, MARCELO
5839 N BAY RD
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name FERNANDEZ MARCELO
Street Address (P.O. Box Number is Not Acceptable)
1040 Biscayne Blvd. Apt.1508
City Miami FL Zip Code 33132

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 ____________ 01/23/2008
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FREIRE, DIEGO CARLOS	NAME	
STREET ADDRESS	5839 N BAY RD	STREET ADDRESS	1040 Biscayne Blvd. Apto:1508
CITY-ST-ZIP	MIAMI BEACH, FL 331402017	CITY-ST-ZIP	Miami, FL, 33132
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	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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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	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ____________ 01/23/2008 (305)495-0906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #