## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED May 04, 2007 08:00 A Secretary of State DOCUMENT # L02000032769 1. Entity Name NATANIC, LLC Principal Place of Business Mailing Address 11304 SW 169 ST 11304 SW 169 ST., #74 MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, otc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 11-3669468 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, NADINE Street Address (P.O. Box Number is Not Acceptable) 11304 SW 169ST MIAMI FL 33157 Cilv 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehistaling) DATE FILE NOW!!! FEE IS \$50.00 U00000761110 95/25/07-80042-003 50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES IIIŒ **MGRM** Deleic пш Change ☐ Addition NAME SANCHEZ, NADINE NAME STREET ADDRESS STREET ADDRESS 11304 SW 169 ST. CITY-ST-ZIP CHY-ST-7P MIAMI FL 33157 TITLE ■ Delete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-\$1-7IP CHY-ST: 7IP HILL ☐ Delete THE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7/P CHY-SI-ZIP THLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete DILL Change ■ Addition NAM NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILE ☐ Delete 11111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/07 305.254.8885