

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010890 ✓		
1. Entity Name SHD GLOBAL LLC		

Principal Place of Business 200 S. BISCAYNE BLVD. 40TH FLOOR MIAMI, FL 33131	Mailing Address 200 S. BISCAYNE BLVD. 40TH FLOOR MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 APR 30 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD. 40TH FLOOR MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name Kenneth C. Hunter	
Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. Suite 4000	
City Miami	FL 33131

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 *Kenneth C. Hunter* DATE 4/29/08

(NOTE: Registered Agent signature required when reappointing)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEL CASTILLO, ALBERT A 200 S. BISCAYNE BLVD., SUITE 4000 MIAMI, FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KROG, JAMES 200 S. BISCAYNE BLVD., SUITE 4000 MIAMI, FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAIWURM, JAMES J 200 S. BISCAYNE BLVD., SUITE 4000 MIAMI, FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500127368935 04730/08--01037--004 **150.00
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: *Albert A. del Castillo* DATE 4/29/08 TELEPHONE 305.577.7758

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