2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000036817

1. Entity Name
SIRENA, LLC

Principal Place of Business	Mailing Address
10 NW LE JEUNE ROAD SUITE 500 MIAMI, FL 33126	10 NW LE JEUNE ROAD SUITE 500 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

01182008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
30-0228750	Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
10 NW LE JEUNE ROAD
STE 500
MIAMI, FL 33126

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BETA, MICHAL
STREET ADDRESS	10 NW LE JEUNE ROAD, STE 500
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	BETA, LEOKADIA
STREET ADDRESS	10 NW LE JEUNE ROAD, STE 500
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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02/21/08-80050-005 138.75

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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: _____ MICHAL BETZ _____   01-15-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #