


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

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| DOCUMENT # L03000039424 1. Entity Name 3DP, LLC |  |
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| Principal Place of Business 2853 EXECUTIVE PARK DR SUITE 202 WESTON, FL 33326 | Mailing Address P.O. BOX 266366 WESTON, FL 33326 |
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04182007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-0306097 | 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

HUME, JOHN
C/O HUME & JOHNSON, P.A.
1401 UNIVERSITY DR., STE. 301
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

U000000757535
05/23/07-88878-000 50.00

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FINOL, ANDRES 2853 EXECUTIVE PARK DR #202 WESTON, FL 33331 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALVARO, GARRIN 406 S DIXIE HWY CORAL GABLES, FL 33186 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MORENO, IGNACIO 400 S DIXIE HWY CORAL GABLES, FL 33146 |
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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: _____

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

Date

Daytime Phone #

4/30/07 305-4080230