## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 28, 2008 8:00 am Secretary of State DOCUMENT #L03000043250 1. Entity Name 04-28-2008 90050 014 \*\*\*138.75 PRAGMA DESIGN, LLC Principal Place of Business Mailing Address 1200 BRICKELL BAY DR. 1200 BRICKELL BAY DR. 100 100 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 41-2115330 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 CATANO, ELIANA Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL BAY DR. #100 MIAMI, FL 33131 City 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 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change Addition CATANO, ELIANA NAME NAME 1200 BRICKELL BAY DR. (#100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change ☐ Addition MOLINARI, JUANA NAME NAME 1200 BRICKEL BAY DR #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition Eliana Catario Puiz 1200 Bruckeu BAY DE # 1415 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP Ellana Creiz CITY-ST-ZIP MER TITLE ☐ Delete THUE ■ Addition ☐ Change MOLINARI AVAUT NAME STREET ADDRESS 1700 BLICKEL BAY DL # 1415 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

<u>03/06/08</u>

Daytime Phone #