FILED
Mar 10, 2005 8:00 am
Secretary of State

02-01-2005 90118 001 *****5.00
03-10-2005 90037 037 ****50.00

2/:

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000054506

1. Entity Name
RAMON F SANDI LLC

Principal Place of Business	Mailing Address
720 NORTH GRACE AVENUE LAKE WORTH, FL 33461 US	720 NORTH GRACE AVENUE LAKE WORTH, FL 33461 US

01282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
720 North Grace Ave.			
Suite, Apt. #, etc.: Lake Worth FL.		Suite, Apt. #, etc.: 720 Grace Ave	
City & State:		City & State: Lake Worth Fl.	
Zip: 33461	Country: USA	Zip: 33461	Country: USA.

4. FEI Number: 20-0512892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDI, RAMON F 720 NORTH GRACE AVENUE LAKE WORTH, FL 33461	Name: Ramón F. Sandi LLC. Street Address (P.O. Box Number is Not Acceptable): 720 Grace Ave City: Lake Worth FL Zip Code: 33461

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] Sandi, Ramón F. — 3-6-2005
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDI, RAMON F 720 NORTH GRACE AVENUE LAKE WORTH, FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 exemption stated in Section 119.07(3)(i), 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] Sandi Ramón F. 3/6/2005 (561) 310 6851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #