

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90039 040 \*\*\*\*50.00

**60042611**



04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-0712796

Applied For  
Not Applicable

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

**DOCUMENT # L04000010849**

1. Entity Name  
SHELDON, LLC



Principal Place of Business  
% TERRA  
1200 BRICKELL AVE., 18TH FL  
MIAMI, FL 33131

Mailing Address  
PO BOX 611510  
NORTH MIAMI, FL 33261-1510

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

## 6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ  
18851 NE 29TH AVE, STE 900  
AVENTURA, FL 33180

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
FISCHER, WALTER  
1200 BRICKELL AVE, 18TH FL  
MIAMI, FL 33131

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SOTOLONGO, DAISY M  
1200 BRICKELL AVE, 18TH FL  
MIAMI, FL 33131

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
GROSSKOPF, MANUEL  
321 JEFFERSON ST., 2ND FL  
HOLLYWOOD, FL 33019

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ 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:**

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

Date

Daytime Phone #