

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015438

Entity Name: ANDI HOLDINGS, LLC

FILED  
Apr 24, 2008  
Secretary of State

## Current Principal Place of Business:

4400 BISCAYNE BLVD SUITE 900  
MIAMI, FL 33137

## New Principal Place of Business:

2701 GATEWAY DRIVE  
POMPANO BEACH, FL 33069

## Current Mailing Address:

4400 BISCAYNE BLVD SUITE 900  
MIAMI, FL 33137

## New Mailing Address:

2701 GATEWAY DRIVE  
POMPANO BEACH, FL 33069

FEI Number: 20-2757731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, ROY  
4400 BISCAYNE BLVD SUITE 900  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

HELLMAN, MAYNARD J  
2701 GATEWAY DRIVE  
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: MAYNARD J. HELLMAN

04/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HELLMAN, ANDREA L  
Address: 201 CRANDON BLVD. #128  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: HELLMAN, MAYNARD J  
Address: 201 CRANDON BLVD. #128  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAYNARD J. HELLMAN

MGR

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date