

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90119 026 ****50.00

DOCUMENT # L04000021353

1. Entity Name
SIDONIA HOLDINGS, LLC



Principal Place of Business
**201 ALHAMBRA CIR, STE 502
CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIR, STE 502
CORAL GABLES, FL 33134**

20053075



2. Principal Place of Business

3. Mailing Address

P.O. BOX 143401

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-LLC CR2E083 (10/03)

City & State

City & State
CORAL GABLES, FL.

4. FEI Number
20-1048212

Applied For
Not Applicable

Zip

Country

Zip

33114

Country

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

**ARVESU, MANUEL M
201 ALHAMBRA CIR, STE 502
CORAL GABLES, FL 33134**

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TOYOS, III, WALDO
837 LORCA ST.
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TOYOS, WALDO
837 LORCA ST.
CORAL GABLES, FL 33134** ☐ Delete

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

4/28/05 305-442-9222

Date Daytime Phone #