

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90378 023 ****50.00

DOCUMENT # L04000021778

1. Entity Name
SANDE MANAGEMENT, L.L.C.



Principal Place of Business
7 WEST 36TH ST, 15TH FL
% SWPA LLP
NEW YORK, NY 10018

Mailing Address
7 WEST 36TH ST, 15TH FL
% SWPA LLP
NEW YORK, NY 10018



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

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0888263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAUFVIO, PUGLIESE
3720 S OCEAN BLVD
HIGHLAND BEACH, FL 33487

7. Name and Address of New Registered Agent

Name SAUFVIO PUGLIESE
Street Address (P.O. Box Number is Not Acceptable)
3720 S OCEAN BLVD
City HIGHLAND BEACH FL Zip Code 33487

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 SAUFVIO PUGLIESE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/07
DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SAUFVIO, PUGLIESE ☐ Delete
STREET ADDRESS 7 WEST 36TH ST, 15 FL
CITY-ST-ZIP NEW YORK, NY 10018

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

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

Date

Daytime Phone #