

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-19-2005 90027 018 ****50.00

DOCUMENT # L04000045493 1. Entity Name SYRIKA BROTHERS, LLC			
Principal Place of Business 2100 PONCE DE LEON BOULEVARD, SUITE 600 CORAL GABLES, FL 33134		Mailing Address 2100 PONCE DE LEON BOULEVARD, SUITE 600 CORAL GABLES, FL 33134	
2. Principal Place of Business 2458 Flamingo DR Suite, Apt. #, etc. # 8 City & State Miami Beach, FL Zip 33140 Country US		3. Mailing Address 2458 Flamingo DR #8 Suite, Apt. #, etc. # 8 City & State Miami Beach, FL Zip 33140 Country U.S.	
4. FEI Number 20-1253176		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent GURIAN, JORGE 2100 PONCE DE LEON BOULEVARD, SUITE 600 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Jorge Gurian Street Address (P.O. Box Number is Not Acceptable) 2458 Flamingo DR #8 City Miami Beach FL Zip Code 33140	
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 _____ (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 ROJAS, RODRIGO ☐ Delete 2100 PONCE DE LEON BOULEVARD, SUITE 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Rojas Rodrigo ☒ Change ☐ Addition 2458 Flamingo DR #8 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROJAS, LILIANA ☐ Delete 2100 PONCE DE LEON BOULEVARD, SUITE 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Rojas Liliana ☒ Change ☐ Addition 2458 Flamingo DR #8 Miami Beach, FL 33140
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
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
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: <i>Liliana Rojas</i> MGRM May 25/05 305-7423712 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			