

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90041 021 \*\*\*138.75

DOCUMENT # L04000050039

1. Entity Name

FUDAL, LLC



Principal Place of Business

Mailing Address

~~2800 PONCE DE LEON BLVD., SUITE 1125~~  
~~CORAL GABLES FL 33134~~

~~2800 PONCE DE LEON BLVD., SUITE 1125~~  
~~CORAL GABLES FL 33134~~



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

18851 NE 29th Ave

18851 NE 29th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 405

Suite 405

City & State

City & State

Aventura, Fla

Aventura Fla

Zip

Country

Zip

Country

33180

33180

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

SEIF, EVAN D

~~2800 PONCE DE LEON BLVD., SUITE 1125~~  
~~CORAL GABLES FL 33134~~

Name

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

18851 NE 29th Ave #405

City

Aventura

FL

Zip Code

33180

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 only if applicable

(NOTE: Registered Agent signature required when renewing)

2/11/08

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME SEIF, EVAN  
STREET ADDRESS 2800 PONCE DE LEON BLVD STE 1125  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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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 exemptions contained in Section 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 #

*[Signature]* Managers

2/11/08

305-935-0507