## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## May 11, 2007 8:00 am Secretary of State **DOCUMENT # L04000078848** 05-11-2007 90198 027 \*\*\*\*50.00 1. Entity Name TRADAM LLC 60051124 Principal Place of Business Mailing Address 1001 NE 125TH ST 1001 NE 125TH ST SUITE 101 SUITE 101 NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032007 CR2E083 (12/06) Chg-LLC City & State Applied For City & State 4. FEI Number 20-2761564 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRANDA, RICARDO A Street Address (P.O. Box Number is Not Acceptable) 1001 NE 125TH ST SUITE 101 NORTH MIAMI, FL 33161 Zip Code 8. The above named en registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept changing the obligations of rec 04/30/07 SIGNATURE NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE ☐ Addition TITLE Delete MIRANDA, RICARDO A NAME NAME 1001 NE 125TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33161 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change TITLE ☐ Addition VILLABONA, RUTHY F NAME NAME 1001 NE 125TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33161 CITY-ST-ZIP MGRM Delete Change TITLE TITLE ☐ Addition MIRANDA, CIRO A NAME NAME STREET ADDRESS 1001 NE 125TH ST STREET ADDRESS NORTH MIAMI, FL 33161 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete TITLE □ Change TITLE ☐ Addition MIRANDA, DANIEL R NAME NAME STREET ADDRESS 1001 NE 125TH ST STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33161 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MIRANDA, ALEJANDRA NAME NAME STREET ADDRESS 1001 NE 125TH ST STREET ADDRESS MIAMI, FL 33161 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

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

SIGNATURE AND TYPED

**FILED**