2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 15, 2006 8:00 am Secretary of State

DOCUMENT # L04000082630 1. Entity Name SINEP, LLC							04-25-20	_		
Principal Place of Business Mailing Address								,		
10420 SW 40 MIAMI, FL 33			10420 SW 40 STREET MIAMI, FL 33165				008431	reje umbi MiBB i	S GIIBS aim 60	i sh i sti inni
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03242006	Chg-LLC	CR2E08	3 (11/05)	
City & State			City & State			4. FEI Numbe	' a0-1891	912	_ 	optied For of Applicable
Zip	Country		Zip Co		try	5. Certificate of Status Desired Specification Status Desired Fee Required			litional	
	6. Name	and Address of Current I	Registered Agent	Name	7. Name and	Address of New R	egistered A	pent		
MENESES 10420 SW MIAMI, FL	40 STRE		•		Street Address (P.O. Box Number is Not Acceptable)					
1.					City			FL	Zip Cod	8
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 Tugis M. Menuser										
-Signature, typed cylimited numb of leadsheld agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE										
FI De	Wng Fool ue by Ma	is \$50.00 y 1, 2006						check pa Departme		•
9.		MANAGING MEMBE	RS/MANAGERS	16.			ADDITIONS/	CHANGES		
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STREET ADDRESS CITY-ST-ZIP	ı	40 STREET			ET ADORESS -ST-ZIP					
TITLE	MIAMI, FL 33165 MGR		☐ Delets	πц					Change	☐ Addition
NAME	TORRES, RICARDO A 10420 SW 40 STREET		_	NAM				'		
STREET ADDRESS CITY-ST-ZIP	MIAMI, FI				ET ADORESS -ST-ZIP					
TITLE			☐ Delete	TITLE	•			-	Change	Addition
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NAME STREET ADDRESS	225				ET ADORESS					ĺ
City-ST-ZIP					-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 it made under eath; that I am a managing member or manager of the limited liability company or the reportion trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: A Ciotta leneres MAY 11. 2006										

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 11742-900 11742-9003 14000082630

004642.152267.0021.001 1 MB 0.309 862 Date of this notice: 11-29-2004

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Employer Identification Number: 20-1891912

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.



SINEP LLC MENESES SERGIO N MBR 10420 SW 40 ST MIAMI FL

004642

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-1891912. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and many result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1065

04/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

(IRS USE ONLY) 575B

11-29-2004 SINE B 0134261089 SS-4

ATTACHMENT 3008431



004642

Keep this part for your records.

CP 575 B (Rev. 1-2004)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

0134261089

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 11-29-2004 EMPLOYER IDENTIFICATION NUMBER: 20-1891912 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 11742-9003

SINEP LLC MENESES SERGIO N MBR 10420 SW 40 ST MIAMI FL 33165