

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-22-2008 90116 022 \*\*\*138.75

<b>DOCUMENT # L04000082630</b> 1. Entity Name <b>SINEP, LLC</b>			
Principal Place of Business <b>10420 SW 40 STREET</b> <b>MIAMI, FL 33165</b>		Mailing Address <b>10420 SW 40 STREET</b> <b>MIAMI, FL 33165</b>	
2. Principal Place of Business - No P.O. Box <i>8464 NW 107 Path #2</i>		3. Mailing Address <i>8464 NW 107 Path #2</i>	
Suite, Apt., etc. <i>#2</i>		Suite, Apt., etc. <i>#2</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33193</i>		Zip <i>33193</i>	
Country 		Country 	
4. FEI Number <b>20-1891912</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MENESES, SERGIO N</b> <b>10420 SW 40 STREET</b> <b>MIAMI, FL 33165</b>		7. Name and Address of New Registered Agent Name <i>Torres, Ricardo A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>8464 NW 107 Path #2</i> City <i>Miami</i> <b>FL</b> Zip Code <i>33193</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENESES, SERGIO N 10420 SW 40 STREET MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, RICARDO A 10420 SW 40 STREET MIAMI, FL 33165	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
Date _____		Daytime Phone # _____	