## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087432

Title:

Name:

Address:

City-St-Zip:

MGR

( ) Delete

QUIRANTES, MARIA

MIAMI, FL 33156 US

5940 SW 114 TERRACE

Entity Name: BRENDALE INDUSTRIES, LLC

FILED Sep 07, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5940 SW 114 TERRACE MIAMI, FL 33156 US **Current Mailing Address: New Mailing Address:** 5940 SW 114 TERRACE MIAMI, FL 33156 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOFFMAN, LARIN & AGNETTI, P.A. VICTOR H. RAMS, JR. ESQUIRE 909 NORTH MIAMI BEACH BLVD. 1 ALAHAMBRA PLAZA SUITE 201 SUITE 1400 MIAMI, FL 33162 US CORAL GABLES, FL 33134 US 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. SIGNATURE: VICTOR RAMS 09/07/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete RAMS, VICTOR H JR. Name: Name: Address: 5940 SW 114 TERRACE Address: City-St-Zip: MIAMI, FL 33156 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition RAMS, VICTOR III Name: Name: Address: 5940 SW 114 TERRACE Address: City-St-Zip: MIAMI, FL 33156 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition RAMS, ANA MARIA Name: Name: Address: 5940 SW 114 TERRACE Address: City-St-Zip: MIAMI, FL 33156 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: VICTOR H RAMS JR PRES 09/07/2005