

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017432

Entity Name: CADANAK, LLC

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

3125 NE 184 STREET, #1103
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

3125 NE 184 STREET, #1103
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 20-2371996 FEI Number Applied For () FEI Number Not Applicable () 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:

FANTINI, GRACIELA
3125 NE 184 STREET, #1103
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FANTINI, GRACIELA
Address: 20533 BISCAYNE BLVD., SUITE 732
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: ALANIZ, HUGO
Address: 20533 BISCAYNE BLVD., SUITE 732
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FANTINI, GRACIELA
Address: 3125 NE 184 STREET, #1103
City-St-Zip: AVENTURA, FL 33160

Title: MGR (X) Change () Addition
Name: ALANIZ, HUGO
Address: 3125 NE 184 STREET, #1103
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: GRACIELA FANTINI

MGR

05/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date