

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019719

Entity Name: SYNTO JADE 808, LLC

FILED  
Mar 16, 2009  
Secretary of State

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 26-0646418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONSULTING SERVICE OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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: PEREDO RINCON, JESSICA  
Address: 101 20TH STREET UNIT 1906  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR ( ) Delete  
Name: QUEZADA, JOSE  
Address: 101 20TH STREET UNIT 1906  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PEREDO-RINCON, JESSICA  
Address: 101 20TH STREET UNIT 1906  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JESSICA PEREDO-RINCON

MGR

03/16/2009

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