

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025056

Entity Name: 3 BLK SHEEP, LLC

FILED  
Mar 12, 2008  
Secretary of State

## Current Principal Place of Business:

854 N.W. 87 AVE.  
#303  
MIAMI, FL 33172 US

## New Principal Place of Business:

## Current Mailing Address:

854 N.W. 87 AVE.  
#303  
MIAMI, FL 33172 US

## New Mailing Address:

FEI Number: 30-0303291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROCHE, LILLIANE  
854 N.W. 87 AVE.  
#303  
MIAMI, FL 33172 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: ROCHE, LILLIANE  
Address: 854 N.W. 87 AVE. #303  
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete  
Name: ROCHE, MARGARITA  
Address: 9295 S.W. 67 STREET  
City-St-Zip: MIAMI, FL 33173 US

Title: MGRM ( ) Delete  
Name: MENDEZ, LISE  
Address: 425 SOUTH SHORE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES:

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

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

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: LILLIANE ROCHE

MGR

03/12/2008

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