

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038859

Entity Name: 8118 HARDING, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2600 ISLAND BLVD
UNIT 2002
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

2600 ISLAND BLVD
UNIT 2002
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 20-2746495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISALES-RACINI, OSCAR
1911 HARRISON STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

CALEMZUK, CARLOS
2600 ISLAND BLVD
UNIT 2002
AVENTURA, FL 33160 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: CARLOS CALEMZUK

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CALEMZUK, CARLOS
Address: 2600 ISLAND BLVD
City-St-Zip: AVENTURA, FL 33160

Title: MGRM () Delete
Name: CALEMZUK, EMILIANO
Address: 2600 ISLAND BLVD
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CALEMZUK, CARLOS
Address: 2600 ISLAND BLVD UNIT 2002
City-St-Zip: AVENTURA, FL 33160

Title: MGRM (X) Change () Addition
Name: CALEMZUK, EMILIANO
Address: 2600 ISLAND BLVD UNIT 2002
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: CARLOS CALEMZUK

MGRM

04/29/2009

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