

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90033 012 ****50.00

DOCUMENT # L05000044386

1. Entity Name
SUGARDIP PRODUCTIONS, LLC



Principal Place of Business
~~1426 ARTHUR STREET~~
~~HOLLYWOOD, FL 33020~~

Mailing Address
~~1426 ARTHUR STREET~~
~~HOLLYWOOD, FL 33020~~
4633 SW 31ST DRIVE
HOLLYWOOD FL 33023

2. Principal Place of Business
1230 HARBOR COURT PL
Suite, Apt. #, etc.

3. Mailing Address
4633 SW 31ST DRIVE
Suite, Apt. #, etc.



02212006 Chg-LLC CR2E083 (11/05)

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

4. FEI Number
20-2791084

Applied For
Not Applicable

Zip Country
33019 BROWARD

Zip Country
33023 BROWARD

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUGARMAN, EAN
1426 ARTHUR STREET
HOLLYWOOD, FL 33020

4633 SW 31ST Dr.
HOLLYWOOD FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SUGARMAN, EAN
STREET ADDRESS 1426 ARTHUR STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4633 SW 31ST DRIVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33023-5566**

TITLE MGRM ☐ Delete
NAME DI, PASQUALE
STREET ADDRESS 1230 HARBOR COURT
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/06

Date

Daytime Phone #