

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045175

Entity Name: SACHIEL, LLC

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

901 PONCE DE LEON BLVD., STE. 603
CORAL GABLES, FL 33134

New Principal Place of Business:

799 CRANDON BLVD
1508
KEY BISCAYNE, FL 33149

Current Mailing Address:

901 PONCE DE LEON BLVD., STE. 603
CORAL GABLES, FL 33134

New Mailing Address:

799 CRANDON BLVD
1508
KEY BISCAYNE, FL 33149

FEI Number: 20-2867698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD., STE. 603
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SPIEGEL, ADAM
1001 BRICKELL BAY DR
9TH FLOOR
MIAMI, FL 33131 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: ADAM SPIEGEL

02/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GIACOMOTTI, MICHEL
Address: 901 PONCE DE LEON BLVD., STE. 603
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIACOMOTTI, MICHEL
Address: 799 CRANDON BLVD #1508
City-St-Zip: KEY BISCAYNE, FL 33149

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: MICHEL GIACOMOTTI

MGR

02/24/2009

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