


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90076 010 ***138.75

DOCUMENT # L05000050985 1. Entity Name SEMIMAT, L.L.C.	
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Principal Place of Business 21055 YACHT CLUB DRIVE, UNIT #609 AVENTURA, FL 33180	Mailing Address 21055 YACHT CLUB DRIVE, UNIT #609 AVENTURA, FL 33180
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00000611



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2890265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MALAMUTE, SEBASTIAN
21055 YACHT CLUB DR. #609
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	Delete
MGR	MALAMUTE, SEBASTIAN	<input type="checkbox"/>
STREET ADDRESS	21055 YACHT CLUB DR. #609	
CITY-ST-ZIP	AVENTURA, FL 33188	
TITLE	NAME	Delete
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	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

Date _____ Daytime Phone # _____