2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90051 003 ****50.00

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04242007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000051089

1. Entity Name
SAMCASE, LLC

Principal Place of Business	Mailing Address
8070 N W 66TH STREET MIAMI, FL 33166	8070 N W 66TH STREET MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6700 NW 77 CT	6700 NW 77 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country:	Zip: 33166 Country:

4. FEI Number 20-2886222 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINA, CESAR E
8070 N W 66TH STREET
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: MOLINA, CESAR E
Street Address (P.O. Box Number is Not Acceptable): 6700 NW 66 STREET
City: MIAMI FL Zip Code: 33166

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] CESAR E. MOLINA 4/24/2007
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	MOLINA, CESAR E		NAME	MOLINA CESAR E	
STREET ADDRESS	8070 N W 66TH STREET		STREET ADDRESS	6700 NW 77 CT	
CITY-ST-ZIP	MIAMI, FL 331166		CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	LLINAS, ELSEMARIE		NAME	MOLINA, CESAR E	
STREET ADDRESS	8070 N W 66TH STREET		STREET ADDRESS	6700 NW 77 CT	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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] CESAR E. MOLINA MGRM 4/24/2007 (305) 7150057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #