

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051405

FILED  
Sep 10, 2008  
Secretary of State

Entity Name: SIECKEL, L.L.C.

**Current Principal Place of Business:**

445 SW 11 ST #305  
MIAMI, FL 33130

**New Principal Place of Business:**

540 BRICKELL KEY DRIVE  
APT. 1221  
MIAMI, FL 33131

**Current Mailing Address:**

445 SW 11 ST #305  
MIAMI, FL 33130

**New Mailing Address:**

540 BRICKELL KEY DRIVE  
APT. 1221  
MIAMI, FL 33131

FEI Number: 20-2838850      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SIECKEL, ADRIAN  
445 SW 11 ST #305  
MIAMI, FL 33130    US

**Name and Address of New Registered Agent:**

DIAZ-SIECKEL, ADRIAN  
540 BRICKELL KEY DRIVE  
APT. 1221  
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: ADRIAN DIAZ-SIECKEL

09/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIECKEL, ADRIAN  
Address: 445 SW 11 ST #305  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DIAZ-SIECKEL, ADRIAN  
Address: 540 BRICKELL KEY DRIVE, APT. 1221  
City-St-Zip: MIAMI, FL 33131

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: ADRIAN DIAZ-SIECKEL

MGRM

09/10/2008

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