

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059337

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: SINDE', L.L.C.

**Current Principal Place of Business:**

176 BRIDLE PATH  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

176 BRIDLE PATH  
ARCADIA, FL 34266

**New Mailing Address:**

PO BOX 2685  
ARCADIA, FL 34265

FEI Number: 06-1751122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLEY-GARCIA, SHANNON L  
176 BRIDLE PATH  
ARCADIA, FL 34266 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KELLEY-GARCIA, SHANNON L  
Address: P.O. BOX 2685  
City-St-Zip: ARCADIA, FL 34265

Title: MGRM (X) Delete  
Name: KELLEY-OCHOA, BRITTANY A  
Address: P.O. BOX 2685  
City-St-Zip: ARCADIA, FL 34265

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON LYNN KELLEY-GARCIA

MGRM

03/28/2007

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