

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082835

Entity Name: 1404 TRUE 2 LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

9577 HARDING AVE
SURFSIDE, FL 33154

New Principal Place of Business:

18246 COLLINS AVE
SUNNY ISLES, FL 33160

Current Mailing Address:

9577 HARDING AVE
SURFSIDE, FL 33154

New Mailing Address:

18246 COLLINS AVE
SUNNY ISLES, FL 33160

FEI Number: 20-4899158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPERN, FERNANDO
9577 HARDING AVE
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

ALPERN, FERNANDO
18246 COLLINS AVE
SUNNY ISLES, FL 33160 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRAVER, MARIANO
Address: 9577 HARDING AVE
City-St-Zip: SURFSIDE, FL 33154

Title: MGR () Delete
Name: COHEN, JOSE C
Address: 9577 HARDING AVE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRAVER, MARIANO
Address: 18246 COLLINS AVE
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR (X) Change () Addition
Name: CHACALO, JOSE C
Address: 18246 COLLINS AVE
City-St-Zip: SUNNY ISLES, FL 33160

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: JOSE CHACALO

MGR

04/30/2008

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