

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000106260 1. Entity Name RIDANIS, LLC	
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Principal Place of Business 11276 PINES BLVD., BAY 304 PEMBROKE PINES, FL 33026	Mailing Address 11276 PINES BLVD., BAY 304 PEMBROKE PINES, FL 33026
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07262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3717127	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GUZMAN, RITA 11276 PINES BLVD., BAY 304 PEMBROKE PINES, FL 33026
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**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

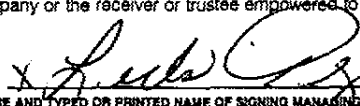
**Filing Fee is \$50.00
Due by September 14, 2007**

1100000771381
08/03/07-80004-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR GUZMAN, RITA 11276 PINES BLVD., BAY 304 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR PEREZ, LEDA 11276 PINES BLVD., BAY 304 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR HERRERA, CECILIO 11276 PINES BLVD., BAY 304 PEMBROKE PINES, FL 33026
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

7/31/07 **954 4500227**
Date Daytime Phone #