

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90018 030 ****55.00

DOCUMENT # L05000110781

1. Entity Name
SYBER LLC



Principal Place of Business
**18851 N.E. 29TH AVE., STUDIO #25
AVENTURA, FL 33180**

Mailing Address
**1300 N.E. MIAMI GARDENS DRIVE, SUITE 821
NORTH MIAMI BEACH, FL 33179**

2. Principal Place of Business
1300 NE Miami gardens
Suite, Apt. #, etc. **# 821**

3. Mailing Address

Suite, Apt. #, etc.

02182006 Chg-LLC CR2E083 (11/05)

City & State **N M B, FL**

City & State

4. FEI Number **83-0439811**

Applied For
Not Applicable

Zip **33179** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERENFUS, SYLVIA
1300 N.E. MIAMI GARDENS DRIVE, SUITE 821
NORTH MIAMI BEACH, FL 33179**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of principal or officer of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **BERENFUS, SYLVIA**
STREET ADDRESS **1300 N.E. MIAMI GARDENS DRIVE, #821**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Sylvia Berenfus

4/14/06 3054010516