FILED
May 23, 2008 8:00 am
Secretary of State
04-24-2008 90017 032 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000009196

1. Entity Name
CYRANCEL LLC

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131	1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131

03312008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8600 NW 13th Terr	8890 W. Oakland Pk Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State: Doral FL	City & State: Sunrise FL
Zip: 33126 Country: Dade	Zip: 33351 Country: Broward

4. FEI Number: 20-4194483 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SLC CORPORATE SERVICES, INC.
1001 BRICKELL BAY DRIVE
SUITE 3112
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: Echion USA Inc
Street Address (P.O. Box Number is Not Acceptable): 8890 W. Oakland Pk Blvd
Suite 201
City: Sunrise FL Zip Code: 33351

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, PATRICE 10710 NW 66TH STREET, #102 DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 5/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

SIGN

4/24/2008-90017-032-$138.75-$138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000009196

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CYRANCEL LLC

ATTACHMENT 300073418

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
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Suite, Apt. #, etc.	Suite, Apt. #, etc. #201	
City & State Doral FL	City & State Sunrise FL	4. FEI Number 20-4194483 ☐ Applied For ☐ Not Applicable
Zip 33126 Country Dade	Zip 33351 Country Broward	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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SLC CORPORATE SERVICES, INC. 1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131	Name Echion USA Inc Street Address (P.O. Box Number is Not Acceptable) 8890 W. Oakland Pk Blvd Suite 201 City Sunrise FL Zip Code 33351

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SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SIGN