

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017013

Entity Name: SPLINTER CAPITAL, LLC

FILED  
Jul 09, 2008  
Secretary of State

## Current Principal Place of Business:

1430 NW 15 AVE  
MIAMI, FL 33125

## New Principal Place of Business:

8567 CORAL WAY # 273  
MIAMI, FL 33155

## Current Mailing Address:

1430 NW 15 AVE  
MIAMI, FL 33125

## New Mailing Address:

8567 CORAL WAY # 273  
MIAMI, FL 33155

FEI Number: 20-4327954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

KONDLA, RICHARD F  
9000 SW 137 AVENUE, SUITE 216  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

SANCHEZ GALAGARRA PA  
1313 PONCE DE LEON BLVD  
301  
CORAL GABLES, FL 33134 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: SANCHEZ GALAGARRA PA

07/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: THE SPLINTER GROUP., LLC  
Address: 1430 NW 15 AVE  
City-St-Zip: MIAMI, FL 33125

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, PEDRO M  
Address: 8567 CORAL WAY # 273  
City-St-Zip: MIAMI, FL 33155

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: PEDRO M GARCIA

MGRM

07/09/2008

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