2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000025312

1. Entity Name
SELIN PARTNERS, LLC

Principal Place of Business	Mailing Address
777 NORTHWEST 72ND SUITE 1098 MIAMI, FL 33126	P.O. BOX 2545 HALLANDALE, FL 33008

04042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3922469
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOZKURT, SERDAR
777 NW 72ND AVE
SUITE 1098
MIAMI, FL 33126

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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)

H08000088450
04/18/08-80034-002 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SANDERS, RUTH
STREET ADDRESS	72ND AVENUE, SUITE 1098
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	BOZKURT, SERDAR
STREET ADDRESS	72ND AVENUE, SUITE 1098
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	ST
NAME	SANDERS, EDWARD
STREET ADDRESS	72ND AVENUE, SUITE 1098
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: SERDAR BOZKURT 4/4/08 954-806-5583

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