#### 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L06000032210

1. Entity Name SUCH FUN TOO, LLC



Principal Place of Business

1550 MADRUGA AVE., SUITE 230 CORAL GABLES, FL 33146

Mailing Address

1550 MADRUGA AVE., SUITE 230 CORAL GABLES, FL 33146

# **FILED** Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90090 016 \*\*\*138.75

60028323



01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4581312

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUCHMAN, CLIFFORD L 1550 MADRUGA AVE., SUITE 230 CORAL GABLES, FL 33146

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8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE.	i de la companya de l		
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	CATE
After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9	MANAGING MEMBERS/MANAGERS	<del>_</del> .	
THILE	MGRM		
NAME	SUCHMAN, CLIFFORD L		
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

### NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME

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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE