


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90080 006 ***138.75

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| DOCUMENT # L06000047767 |  |
| 1. Entity Name PRENDES FAMILY HOLDINGS LLC | |

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|---|---|
| Principal Place of Business 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 | Mailing Address 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 |
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| 2. Principal Place of Business - No P.O. Box # 18955 SW 168 St | 3. Mailing Address 18955 SW 168 St |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|----------------------------------|----------------------------------|
| City & State Miami, FL | City & State Miami, FL |
| Zip 33187 | Zip 33187 |
| Country US | Country US |

04092008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-4767803 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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| 6. Name and Address of Current Registered Agent MARIS PRENDES, STELLA 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 | |
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| 7. Name and Address of New Registered Agent | |
| Name Stella Maris Prendes | |
| Street Address (P.O. Box Number is Not Acceptable) 18955 SW 168 St. | |
| City Miami | FL Zip Code 33187 |

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 *Stella Prendes* *Stella Prendes* *4/9/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARIS PRENDES, STELLA 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18955 SW 168 St Miami, FL 33187 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRENDES, ALEXANDER 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18955 SW 168 St Miami, FL 33187 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRENDES, ALEXANDER N 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18955 SW 168 St Miami, FL 33187 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRENDES, RYAN J 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18955 SW 168 St Miami, FL 33187 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Stella Prendes* *Stella Prendes* *4/9/08* *305 234-3021*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #