

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085788

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** SR. DALE, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

6455 WEST COMMERCIAL BOULEVARD  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4600 WEST COMMERCIAL BOULEVARD  
SUITE 1  
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number:** 20-5465967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAREN B SCHAPIRA, PA  
200 SE FIRST STREET  
SUITE 705  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MABOURAKH, RUTH  
Address: 6455 WEST COMMERCIAL BOULEVARD  
City-St-Zip: TAMARAC, FL 33319

Title: MGRM ( ) Delete  
Name: MABOURAKH, SHAHRAD  
Address: 4600 WEST COMMERCIAL BOULEVARD  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHAHRAD MABOURAKH

MGRM

03/27/2009

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