

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091978

FILED
Mar 13, 2008
Secretary of State

Entity Name: SAMBIA GROUP HOLDINGS, LLC

Current Principal Place of Business:

181 N.W. 180TH AVENUE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

6625 MIAMI LAKES DRIVE
347
MIAMI LAKES, FL 33014 US

Current Mailing Address:

181 N.W. 180TH AVENUE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

6625 MIAMI LAKES DRIVE
347
MIAMI LAKES, FL 33014 US

FEI Number: 11-3790300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GESTIDO, ANTONIO JR.
181 NW 180TH AV.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

GESTIDO, ANTONIO JR.
6625 MIAMI LAKES DRIVE
347
MIAMI LAKES, FL 33014 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: ANTONIO GESTIDO JR.

03/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GESTIDO, ANTONIO JR.
Address: 7961 NW 186TH TE.
City-St-Zip: MIAMI, FL 33015 US

Title: MGRM () Delete
Name: CADENA, JEANETTE
Address: 7961 NW 186TH TE.
City-St-Zip: MIAMI, FL 33015 US

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: ANTONIO GESTIDO JR.

MGR

03/13/2008

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