2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 16, 2008 8:00 am Secretary of State

DOCUMENT # L06000103694 1. Entity Name SDRA LLC							04-18-2008	90151 026 ***13	88.75
Principal Place of Business 2090 KEYSTONE BOULEVARD NORTH MIAMI, FL 33181			Mailing Address 2090 KEYSTONE BOULEVARD NORTH MIAMI, FL 33181			30010430			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07152008	Chg-LLC	CR2E083 (12/06)	
City & State			City & State			4. FEI Numb	018 56		optied For ot Applicable
Zip		Country	Zip	Coun	try		of Status Desired	S5.00 Add Fee Require	
	6. Name	e and Address of Current I	Registered Agent Name			7. Name and	Address of New F	Registered Agent	
ALONSO, 2090 KEYS NORTH M	STONE B	OULEVARD 33181			P.O. Box Numb	er is Not Acceptabl	e)		
					City		······································	FL Zip Coc	ie
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) DATE									
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008								ke check payable to a Department of Stat	e
9.		MANAGING MEMBE	L RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE	MGRM	RM Delete TI			£ .			Change	☐ Addition
NAME Street address	ALONSO 2090 KEY	, TOMAS YSTONE BOULEVARD	NAM!		E ADDRESS				
CITY-ST-ZIP	1	MIAMI, FL 33181			-ST-ZIP				
TITLE		☐ Delete	TITL	E .			Change	Addition	
NAME STREET ADDRESS				NAM	ET ADDRESS				
CITY-SI-ZIP					-ST-ZIP				
TITLE		,	☐ Delete	TITL				☐ Change	☐ Addition
NAME STREET ADDRESS				NAM	E ADDRESS				1
CITY-ŜT-ZIP					-SI-ZIP				
TITLE					E			☐ Change	☐ Addition
NAME STREET ADDRESS	_ 1				ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				ĺ
TITLE	Delete				E			☐ Change	☐ Addition
NAME Street address				NAM STRE	ET ADDRESS				
CITY-ST-ZIP					- ST - ZIP				
TITLE NAME	☐ Delete			TITL				☐ Change	Addition
STREET ADDRESS	DORESS				ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				
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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE. MULLIA (MICHA)									
SIGNATURE:									

ATTACHMENT, https://citibusinessonline.da-us.citibank.com/cbusol/ba/actions/BaAc...

300/0430

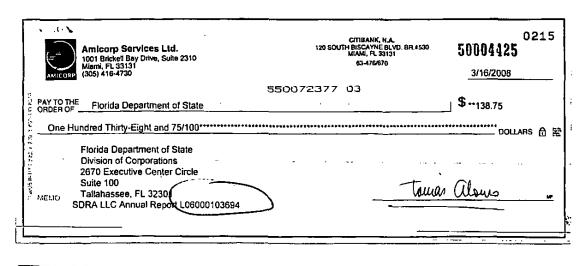
Print Close

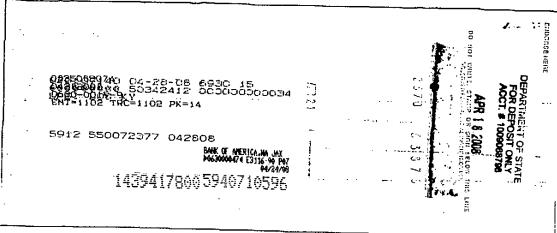
IMPORTANT: During the period when this notice is displayed, this check image is provided as a convenience only, is not evidence of final payment and may be returned unpaid.

CHECK 215

Date: 4/28/2008 **Amount:** \$ 138.75

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