


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90151 026 \*\*\*138.75

<b>DOCUMENT # L06000103694</b>	
1. Entity Name SDRA LLC	

Principal Place of Business 2090 KEYSTONE BOULEVARD NORTH MIAMI, FL 33181	Mailing Address 2090 KEYSTONE BOULEVARD NORTH MIAMI, FL 33181
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30010430



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 32-0185615	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALONSO, TOMAS 2090 KEYSTONE BOULEVARD NORTH MIAMI, FL 33181		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALONSO, TOMAS 2090 KEYSTONE BOULEVARD NORTH MIAMI, FL 33181 <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
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
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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:**

*Tomas Alonso*

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

Date

Daytime Phone #

ATTACHMENT

<https://citibusinessonline.da-us.citibank.com/cbusol/ba/actions/BaAc...>

30010430

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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

 <b>Amicorp Services Ltd.</b> 1001 Brickell Bay Drive, Suite 2310 Miami, FL 33131 (305) 418-4730	CITIBANK, N.A. 120 SOUTH BISCAYNE BLVD. 8FL #530 MIAMI, FL 33131 83-476/670	0215 <b>50004425</b> 3/16/2008
	550072377 03	
PAY TO THE ORDER OF <u>Florida Department of State</u>		\$ **138.75
One Hundred Thirty-Eight and 75/100		DOLLARS
MEMO Florida Department of State Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301 SDRA LLC Annual Report L06000103694		<i>Tamara Alonso</i>

0825088924 04-28-08 693C 15 50342412 00000000034 ENT-1102 TRC-1102 PK-14	5912 550072377 042808 BANK OF AMERICA, N.A. 46630000474 E3116-99 P07 04/28/08	14394178005940710596
DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT. # 1005082786		APR 18 2008 6 33 7

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**CHECK 215**