


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000104527 1. Entity Name SICK SOUND, LLC	
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Principal Place of Business 2280 SW 139TH AVENUE DAVIE, FL 33325 US	Mailing Address P.O. BOX 14035 FORT LAUDERDALE, FL 33302 US
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MALCOLM, DANE
2280 SW 139TH AVE
DAVIE, FL 33325**

**DO NOT WRITE
IN THIS SPACE**

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: *Dane A. Malcolm* **DANE A. MALCOLM** 04-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000946944
05/30/08-80069-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALCOM, DANE A 2280 SW 139TH AVENUE DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALCOLM, DAVID A 2280 SW 139TH AVENUE DAVIE, FL 33325
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Dane A. Malcolm*