

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109026

Entity Name: SIUDMAK FAMILY, LLC

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

3423 ATLANTA DRIVE
HOLLYWOOD, FL 33021

New Principal Place of Business:

2403 SW 132 WAY
DAVIE, FL 33325

Current Mailing Address:

3423 ATLANTA DRIVE
HOLLYWOOD, FL 33021

New Mailing Address:

2403 SW 132 WAY
DAVIE, FL 33325

FEI Number: 20-5856343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIUDMAK, ROBERT C
3423 ATLANTA DRIVE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SIUDMAK, ROBERT C
2403 SW 132 WAY
DAVIE, FL 33325 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:

01/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIUDMAK, ROBERT C
Address: 3423 ATLANTA DRIVE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete
Name: SIUDMAK, JANYCE LAPORE
Address: 3423 ATLANTA DRIVE
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIUDMAK, ROBERT C
Address: 2403 SW 132 WAY
City-St-Zip: DAVIE, FL 33325 US

Title: MGRM (X) Change () Addition
Name: SIUDMAK, JANYCE LAPORE
Address: 2403 SW 132 WAY
City-St-Zip: DAVIE, FL 33325 US

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: ROBERT C SIUDMAK

MGRM

01/17/2009

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