

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L06000117934

1. Entity Name
SYDL DEVELOPMENT LLC



Principal Place of Business
**18303 CYPRESS VIEW WAY
TAMPA, FL 33647 US**

Mailing Address
**18303 CYPRESS VIEW WAY
TAMPA, FL 33647 US**



03202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8092500

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLUSANYA, OLUSOLA
18303 CYPRESS VIEW WAY
TAMPA, FL 33647**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
05/05/08-80036-006

138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OLUSANYA, OLUSOLA
STREET ADDRESS	18303 CYPRESS VIEW WAY
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGR
NAME	BANKOLE, OLAYINKA
STREET ADDRESS	4202B N. MCDILL AVENUE SUITE 2
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	MGR
NAME	ALLI, ADELEKE
STREET ADDRESS	3606 MACADA LANE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	MGR
NAME	SONUGA, ADEMOLU
STREET ADDRESS	18303 CYPRESS VIEW WAY
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *Olusanya Olusola* **OLUSANYA, OLUSOLA**

4/10/08 1-813-732 0768

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

Date

Daytime Phone #