

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117934

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SYDL DEVELOPMENT LLC

**Current Principal Place of Business:**

18303 CYPRESS VIEW WAY  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

18303 CYPRESS VIEW WAY  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 20-8092500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLUSANYA, OLUSOLA  
Address: 18303 CYPRESS VIEW WAY  
City-St-Zip: TAMPA, FL 33647 US

Title: MGR ( ) Delete  
Name: BANKOLE, OLAYINKA  
Address: 4202B N. MCDILL AVENUE SUITE 2  
City-St-Zip: TAMPA, FL 33607 US

Title: MGR ( ) Delete  
Name: ALLI, ADELEKE  
Address: 3606 MACADA LANE  
City-St-Zip: TAMPA, FL 33618 US

Title: MGR ( ) Delete  
Name: SONUGA, ADEMOLU  
Address: 18303 CYPRESS VIEW WAY  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OLUSOLA OLUSANYA

MR

04/07/2009

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