

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90009 001 *1,248.75

30005860



DOCUMENT # L07000008603 1. Entity Name 400SU, LLC			
Principal Place of Business 9122 GRIFFIN RD. COOPER CITY, FL 33328		Mailing Address 9122 GRIFFIN RD. COOPER CITY, FL 33328	
2. Principal Place of Business - No P.O. Box # <i>9116 Griffin Rd</i>		3. Mailing Address <i>9116 Griffin Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Cooper City FL</i>		City & State <i>Cooper City FL</i>	
Zip <i>33328</i>		Zip <i>33328</i>	
Country		Country	
4. FEI Number <i>20 8547512</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04172008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GROSSMAN, DANIEL 9122 GRIFFIN RD. COOPER CITY, FL 33328		7. Name and Address of New Registered Agent Name <i>Grossman, Daniel</i> Street Address (P.O. Box Number is Not Acceptable) <i>9116 Griffin Road</i> City <i>Cooper City</i> FL Zip Code <i>33328</i>	
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 <i>[Signature]</i> DATE <i>4-18-08</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSMAN, DANIEL 9122 GRIFFIN RD. COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR</i> <i>Grossman, Daniel</i> <i>9116 Griffin Road</i> <i>Cooper City FL 33328</i>
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
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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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>4-18-08</i> Daytime Phone # <i>6807759</i>	