

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015587

Entity Name: SAMDA, L.L.C.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

4775 COLLINS AVE, #4207
MIAMI BEACH, FL 33140

New Principal Place of Business:

2800 BISCAYNE BOULEVARD
SUITE 777
MIAMI, FL 33137

Current Mailing Address:

4775 COLLINS AVE, #4207
MIAMI BEACH, FL 33140

New Mailing Address:

2800 BISCAYNE BOULEVARD
SUITE 777
MIAMI, FL 33137

FEI Number: 20-8433457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JADE ASSOCIATES MIAMI, INC
100 NORTH BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132 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: MGR () Delete
Name: GHOUZI, DAN
Address: 6365 COLLINS AVE. #3006
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR () Delete
Name: AMSELLEM, SAMUEL
Address: 6365 COLLINS AVE. #3006
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GHOUZI, DAN
Address: 2800 BISCAYNE BOULEVARD #777
City-St-Zip: MIAMI, FL 33137

Title: MGR (X) Change () Addition
Name: AMSELLEM, SAMUEL
Address: 2800 BISCAYNE BOULEVARD SUITE 777
City-St-Zip: MIAMI, FL 33137

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: DAN GHOUZI

MGR

04/13/2009

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