

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015686

Entity Name: CONDALE, L.L.C.

FILED
Feb 22, 2009
Secretary of State

Current Principal Place of Business:

2925 NW 126TH AVE, 1-103
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

2925 NW 126TH AVE, 1-103
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 77-0671324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ALESSIO, ROSSANA ESQ.
12350 N.W. 27TH COURT
PLANTATION, FL 33323 US

Name and Address of New Registered Agent:

CONAGESKI, KAY
2925 NW 126TH AVE., 1-103
SUNRISE, FL 33323 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: KAY A. CONAGESKI

02/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: D'ALESSIO, ROSSANA ESQ.
Address: 12350 N.W. 27TH COURT
City-St-Zip: PLANTATION, FL 33323

Title: MGRM () Delete
Name: CONAGESKI, KAY
Address: 12350 N.W. 27TH COURT
City-St-Zip: PLANTATION, FL 33323

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: D'ALESSIO, ROSSANA ESQ.
Address: 64 PRESIDIO POINTE
City-St-Zip: CROSS LANES, WV 25313

Title: MGRM (X) Change () Addition
Name: CONAGESKI, KAY
Address: 2925 NW 126TH AVENUE, 1-103
City-St-Zip: SUNRISE, FL 33323

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: ROSSANA D'ALESSIO

MGRM

02/22/2009

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