

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020748

FILED
Apr 07, 2008
Secretary of State

Entity Name: LEFT SIDE, LLC

Current Principal Place of Business:

1241 POTOMAC DRIVE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

1621 MICANOPY AVENUE
COCONUT GROVE, FL 33133

Current Mailing Address:

1621 MICANOPY AVENUE
MIAMI, FL 33133

New Mailing Address:

1621 MICANOPY AVENUE
COCONUT GROVE, FL 33133

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTHURS FAMILY HOLDINGS, LLC
1621 MICANOPY AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

SILVERSTEIN, MITCHELL
1621 MICANOPY AVENUE
MIAMI, FL 33133 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: MITCHELL SILVERSTEIN

04/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOWDELL, JASON
Address: 1241 POTOMAC DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM (X) Delete
Name: ARTHURS FAMILY HOLDI, NGS, LLC
Address: 1621 MICANOPY AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARTHURS FAMILY HOLDI, NGS, LLC
Address: 1621 MICANOPY AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

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: GARY ARTHURS

MGRM

04/07/2008

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