

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021593

Entity Name: WESTERDAL, LLC

FILED
Mar 22, 2008
Secretary of State

Current Principal Place of Business:

2225 NORTHEAST 109TH AVE.
BELLEVUE, WA 98004 US

New Principal Place of Business:

309 OKLAHOMA ST
HOLLYWOOD, FL 33019 US

Current Mailing Address:

2225 NORTHEAST 109TH AVE.
BELLEVUE, WA 98004 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYLUND, HANS
2039 SOUTHEAST 10TH AVENUE
SUITE 511
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

WESTERDAL, MIKE AGENT
14170 SPOONBILL LANE
CLEARWATER, FL 33762 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: MIKE WESTERDAL

03/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WESTERDAL, ANDERS
Address: 2039 SOUTHEAST 10TH AVENUE, SUITE 511
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WESTERDAL, ANDERS
Address: NORRA EVLINGE GÅRD
City-St-Zip: VÄRMDÖ, SW S-13953 SW

Title: MGR () Change (X) Addition
Name: WESTERDAL, EEVI
Address: NORRA EVLINGE GÅRD
City-St-Zip: VÄRMDÖ, SW S-13953 SW

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: ANDERS WESTERDAL

OWNE

03/22/2008

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