


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90017 011 ***138.75

DOCUMENT # L07000024515	
1. Entity Name MONDRIAN LLC	

Principal Place of Business 21300 SAN SIMCON WAY #N-3 NORTH MIAMI BEACH, FL 33179	Mailing Address 21300 SAN SIMCON WAY #N-3 NORTH MIAMI BEACH, FL 33179
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2. Principal Place of Business - No P.O. Box # 2929 SW 160 Ave	3. Mailing Address 2929 SW 160 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIRAMAR, FL	City & State MIRAMAR, FL
Zip 33027	Country USA
Zip 33027	Country USA

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8669820	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PHARIYANTICUPT, BHICHIKA 21300 SAN SIMCON WAY #N-3 NORTH MIAMI BEACH, FL 33179	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PHARIYANTICUPT, BHICHIKA 21300 SAN SIMCON WAY NORTH MIAMI BEACH, FL 33179 <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: X P Bhichika. MANAGER 4/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #