

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058005

Entity Name: SILBERMAN DESIGNS LLC

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

18800 N.E. 29TH AVE. #518
AVENTURA, FL 33180 US

New Principal Place of Business:

2655 LE JEUNE RD
406
CORAL GABLES, FL 33134 US

Current Mailing Address:

18800 N.E. 29TH AVE. #518
AVENTURA, FL 33180 US

New Mailing Address:

2655 LE JEUNE RD
406
CORAL GABLES, FL 33134 US

FEI Number: 26-0313793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: MGRM () Delete
Name: SILBERMAN, EDUARDO
Address: 18800 N.E. 29TH AVE. #518
City-St-Zip: AVENTURA, FL 33180 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NATHAN, ALEJANDRO
Address: 2655 LE JEUNE RD #406
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Change (X) Addition
Name: SILBERMAN, EDUARDO
Address: 2655 LE JEUNE RD #406
City-St-Zip: CORAL GABLES, FL 33134 US

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: ALEJANDRO NATHAN

MGR

03/27/2008

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