

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
May 22, 2008 8:00 am
Secretary of State

04-21-2008 90310 020 ***138.75

DOCUMENT # L07000059300 1. Entity Name THE CIPHER GROUP, LLC					
Principal Place of Business 560 NE 106TH STREET MIAMI, FL 33138 US			Mailing Address 560 NE 106TH STREET MIAMI, FL 33138 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0378154	
5. Certificate of Status Desired: ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HAZOURI, DAVID R ESQ. 560 NE 106TH STREET MIAMI, FL 33138				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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAZOURI, DAVID R 560 NE 106TH STREET MIAMI, FL 33138	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROSS, A. JONATHAN 844 TULIP DRIVE SEBASTIAN, FL 32958	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROSS, A. JONATHAN 844 TULIP DRIVE SEBASTIAN, FL 32958	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROSS, A. JONATHAN 844 TULIP DRIVE SEBASTIAN, FL 32958	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROSS, A. JONATHAN 844 TULIP DRIVE SEBASTIAN, FL 32958	☐ Delete			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/18/08 305 479 9031 Daytime Phone #		

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