

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079709

Entity Name: SWEET DOLPHIN LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2665 S. BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133

New Principal Place of Business:

11401 NW 12TH STREET SUITE 131
MIAMI, FL 33172

Current Mailing Address:

2665 S. BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133

New Mailing Address:

17913 NW 7TH STREET SUITE 103
PEMBROKE PINES, FL 33029

FEI Number: 26-0672095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLANSKY, MITCHELL S ESQ.
2665 S. BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

AGUIRRE, RICARDO
1695 WINTERBERRY LANE
WESTON, FL 33327 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: RICARDO AGUIRRE

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACOSTA-RUBIO, ARIEL
Address: 2665 S. BAYSHORE DRIVE, SUITE 703
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: AGUIRRE, RICARDO
Address: 11401 N.W. 12TH STREET, #131
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICARDO AGUIRRE

MGR

04/30/2009

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