

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102244

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: SITES & ADVENTURE LLC

**Current Principal Place of Business:**

339 IVY LANE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

339 IVY LANE  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 26-1208288      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CIDAD, BEATRIZ  
339 IVY LANE  
WESTON, FL 33326      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: CIDAD, BEATRIZ  
Address: 339 IVY LANE  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: CIDAD, RAYMOND  
Address: 339 IVY LANE  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: BELLO, ISABEL  
Address: 339 IVY LANE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

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

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: BEATRIZ CIDAD

MGMR

02/26/2009

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