

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124220

Entity Name: SLD AND PARTNERS, L.L.C.

FILED
Feb 08, 2008
Secretary of State

Current Principal Place of Business:

13611 DEERING BAY DR. #202
CORAL GABLES, FL 33158

New Principal Place of Business:

Current Mailing Address:

13611 DEERING BAY DR. #202
CORAL GABLES, FL 33158

New Mailing Address:

FEI Number: 33-1198152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KULVIN, STEPHEN
13611 DEERING BAY DR. #202
CORAL GABLES, FL 33158 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: KULVIN, STEPHEN
Address: 13611 DEERING BAY DR. #202
City-St-Zip: CORAL GABLES, FL 33158

Title: MGRM () Delete
Name: KULVIN, DANA
Address: 9372 BYRON AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: GASSMAN, LEIGH
Address: 8325 SW 143RD ST.
City-St-Zip: MIAMI, FL 33158

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: STEPHEN M. KULVIN M.D.

PRES

02/08/2008

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