

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080162

Entity Name: SAY MIAMI, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

185 SE 14 TERRACE
UNIT # 1401
MIAMI, FL 33131

New Principal Place of Business:

8290 LAKE DR
#138
DORAL, FL 33166

Current Mailing Address:

8290 LAKE DR
138
DORAL, FL 33166

New Mailing Address:

8290 LAKE DR
#138
DORAL, FL 33166

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTON CORPORATE ADMINISTRATION LLC
17150 ROYAL PALM BLVD
SUITE # 4
WESTON, FL 33326 US

Name and Address of New Registered Agent:

TERAN, SONIA
8290 LAKE DR
#138
DORAL, FL 33166 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: SONIA TERAN

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAREDES, EDELMIRA
Address: 185 SE 14 TERRACE, UNIT # 1401
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: TERAN, SONIA
Address: 185 SE 14 TERRACE, UNIT # 1401
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PAREDES, EDELMIRA
Address: 8290 LAKE DR, #138
City-St-Zip: DORAL, FL 33166

Title: MGRM (X) Change () Addition
Name: TERAN, SONIA
Address: 8290 LAKE DR, #138
City-St-Zip: DORAL, FL 33166

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: SONIA TERAN

MGRM

04/28/2009

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