

2010

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY

Annual Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000093838

1. Limited Liability Company's Name

Synto Jade Beach 3605 LLC

400182066864
06/14/10--01068--004 **538.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2950 SW 27 Avenue		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33133	Country	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida October 3, 2008	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Pablo R. Bared, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27th Ave	
Suite, Apt. #, Etc. Suite 100	
City Miami, FL	State FL Zip Code 33133

FILED
10 JUN 15 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent 	Date 6/7/2010
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Alejandro Chavez	c/o 2950 SW 27 Ave #100	Miami, FL. 33133
MGR	Nelva M. Alfaro	c/o 2950 SW 27 Ave #100	Miami, FL. 33133

11. E-mail Address: <u>mimi@baredlaw.com</u> (To be used for future annual report notifications)	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S.; I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
Signature of Managing Member/Manager 	Date 6/8/10 Daytime Phone # 3056666010
Typed or printed name of signing Managing Member/Manager Alejandro Chavez	