

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085287

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** LADIFRED ENTERPRISES LLC

**Current Principal Place of Business:**

3253 FOXCROFT ROAD  
MIRAMAR, FL 33025

**New Principal Place of Business:**

3253 FOXCROFT ROAD  
G-210  
MIRAMAR, FL 33025

**Current Mailing Address:**

3253 FOXCROFT ROAD  
MIRAMAR, FL 33025

**New Mailing Address:**

P.O. BOX 840626  
PEMBROKE PINES, FL 33084

**FEI Number:** 27-0859717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARDNER, STEVE  
12962 NW 23 STREET  
PEMBROKE PINES, FL 33028 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:** MGR  
**Name:** WALKER, FREDRICKA J  
**Address:** 3253 FOXCROFT ROAD  
**City-St-Zip:** MIRAMAR, FL 33025

**Title:** MGR  
**Name:** JOHNSON, RUBY  
**Address:** 3253 FOXCROFT ROAD  
**City-St-Zip:** MIRAMAR, FL 33025

I hereby 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:** FREDRICKA L JOHNSON WALKER

MGR

05/01/2011

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