

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104859

Entity Name: SLODEMI, LLC

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5067 NORTHERN LIGHTS DRIVE  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5067 NORTHERN LIGHTS DRIVE  
GREENACRES, FL 33463

**New Mailing Address:**

FEI Number: 27-3740650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: SLOBODOW, MICHAEL  
Address: 5067 NORTHERN LIGHTS DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: MGR  
Name: SLOBODOW, DEBRA  
Address: 5067 NORTHERN LIGHTS DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: S  
Name: SLOBODOW, MICHAEL  
Address: 5067 NORTHERN LIGHTS DRIVE  
City-St-Zip: GREENACRES, FL 33463

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: MICHAEL SLOBODOW

\_\_\_\_\_  
MBR

\_\_\_\_\_  
04/24/2011

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