

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000294

FILED
May 18, 2011
Secretary of State

Entity Name: ELDAR LIMITED COMPANY

Current Principal Place of Business:

15923 BISCAYNE BOULEVARD
SUITE 212
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

15923 BISCAYNE BOULEVARD
SUITE 212
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0495684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANFLING, GUILLERMO
15923 BISCAYNE BOULEVARD
SUITE 212
N. MIAMI BEACH, FL 33160 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
Name: HANFLING, GUILLERMO
Address: 15923 BISCAYNE BOULEVARD # 212
City-St-Zip: N MIAMI BEACH, FL 33160

Title: MGRM
Name: HANFLING, SUZANNE
Address: 15923 BISCAYNE BOULEVARD # 212
City-St-Zip: N MIAMI BEACH, FL 33160

Title: MGRM
Name: HANFLING, JOYCE
Address: 15923 BISCAYNE BOULEVARD # 212
City-St-Zip: N MIAMI BEACH, FL 33160

Title: MGRM
Name: HANFLING, JESSICA
Address: 15923 BISCAYNE BOULEVARD # 212
City-St-Zip: N MIAMI BEACH, FL 33160

Title: MGRM
Name: HANFLING, PERLA
Address: 15923 BISCAYNE BOULEVARD # 212
City-St-Zip: N MIAMI BEACH, FL 33160

Title: MGRM
Name: HANFLING, SONIA
Address: 15923 BISCAYNE BOULEVARD # 212
City-St-Zip: N MIAMI BEACH, FL 33160

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: GUILLERMO HANFLING

MGRM

05/18/2011

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