| File on or before May 1, 1999 or I subject to a \$ 400.00 LATE FEE. | _lmited | Liability Com | pany will b | oe . | | | |
|--|-----------------------------------|---|-------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORAT | | | | SUCRETARY OF STATE OIVISION OF CORPORATIONS 99 MAR 17 PM 1: 50 | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | |
| Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001454 | | | | 7 | | | |
| ' SIRGANY HOLDINGS, LLC 6910 N.W. 12TH STREET MIAMI FL 33126 | | | | 6910 N. | 18. Principal Place of Business Address 6910 N.W. 12TH STREET MIAMI FL 33126 | | |
| 2. Principal Place of Business | 2a. Mailin | g Address | 3. Date Organize | 3. Date Organized or Qualified 3a. State of Formation | | | |
| Suite, Apt. #, etc. | Suite, Apt. | #, etc. | | 12/08/1998 4. FEI Number | | DE | |
| City & State | City & State | | | 65-088377 | | / | |
| Z _I p Country | Zip | Count | ry | 5. Date of Last H | 5. Date of Last Report 6. Certificate of St \$8.75 Additional Fee | | |
| 7. Name and Address of Current I | Agent | 8. Name and Address of New | | of New Regis | tered Agent/Office | | |
| KAYAL, RAYMOND J JR. 6910 N.W. 12TH STREET MIAMI FL 33126 | | Name Street Address (P.O. Box Number Is | | Not Acceptab | ole) | | |
| | | Suite, Apt. #, etc | | | | | |
| | | | City | | FL | Zιρ Code | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | | | |
| SIGNATURE (Registered Agent Accepting As pointments. (NOTE Registered Agent Signature research when consisting). DATE | | | | | | | |
| | . Title Managing Members/Managers | | Business Street Address | | City, State and Zip Code | | |
| MGRM RJKAYAL ENTERPRIS | ES, L | 6910 N.W. | 12TH S | FREET | MIAMI | FL 33/86 | |
| | | | | 20 | 0002 -03/1: ****1 | :::::::::::::::::::::::::::::::::::::: | |
| 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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; and that my name appears in Block 10. or on an attachment with an address. SIGNATURE: By Supply President Raymon J. Kayat 3/8/19 (345)594-5754 SIGNATURE: By Great and Florida Statutes and Marketing Ma | | | | | | | |

INHSE10 R (12-98)