

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061829

FILED
Jan 12, 2009
Secretary of State

Entity Name: ANDAST HOLDINGS, LLC

Current Principal Place of Business:

6131 LYONS ROAD
SUITE 200
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

6131 LYONS ROAD
SUITE 200
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 20-3078822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUCKERMAN, ANDREW
6131 LYONS RD STE 200
POMPANO BEACH, FL 33073 US

Name and Address of New Registered Agent:

ZUCKERMAN, ANDREW
6131 LYONS RD STE 200
COCONUT CREEK, FL 33073 US

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: ANDREW ZUCKERMAN

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZUCKERMAN, ANDREW
Address: 6131 LYONS ROAD #200
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Delete
Name: ZUCKERMAN, DAVID
Address: 6131 LYONS ROAD #200
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Delete
Name: ZUCKERMAN, STEVE
Address: 6131 LYONS ROAD #200
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANDREW ZUCKERMAN

MGR

01/12/2009

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