## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000067100** 01-18-2008 90021 024 \*\*\*138.75 ALYSA HOLDINGS, LLC Mailing Address Principal Place of Business 2316 PALM HARBOR DRIVE 2316 PALM HARBOR DRIVE PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 ιĸ CR2E083 (12/07) 01082008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 20-3122197 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE 12860 MARSH POINTE WAY PALM BEACH GARDENS, FL 33410 IN THIS SPACE 8. 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. I am familiar with, and accept the objections of registered agent. DATE Signature, hyped or printed name of registered agent and tale it applicable INDIE: Recessored Agent stoceture required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE GROSSMAN, BRUCE M 2316 PALM HARBOR DRIVE STREET ANORESS CITY-\$1-ZP PALM BEACH GARDENS, FL 33410 MGR TITLE MIRSKY, NORMA L NAME 2316 PALM HARBOR DRIVE STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE IUME STREET ADDRESS DO NOT WRITE CITY-ST-21P IN THIS SPACE TITLE MALE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP MLE NALE STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and account and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimilited liability company or the receiper or trulines empowered to execute this report as required by Chapter 608, Florida Statutes This is not contained in the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and account the information indicated on this report is true and account the information indicated on this report is true and account the information indicated on this report is true and account the information indicated on this report is true and account the information indicated on this report is true and account the information indicated on this report is true and account the information indicated on this report is true and account the information indicated on this report is true and account the information indicated in the information indicated on this report is true and account the information indicated on the information indicated on the information indicated in the information in the information indicated in the information indicated in SIGNATURE:

ZED REPRESENTATIVE

**FILED** 

Secretary of State

Mar 04, 2008 8:00 am