

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008526

FILED
Jan 24, 2007
Secretary of State

Entity Name: CLSS LLC

Current Principal Place of Business:

1741 COLLINS AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1741 COLLINS AVE.
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE FLORIDA INCORPORATING COMPANY
1203 GOVERNORS SQUARE BLVD.
STE 101
TALLAHASSEE, FL 323012960 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 () Delete
Name: MANDELL, STEVEN
Address: 1741 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: MANDELL, LLOYD
Address: 1741 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: MENDOZA-SMITH, MARIA
Address: 1741 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33139

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 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: STEVEN MANDELL MGRM 01/24/2007

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