

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000608

Entity Name: 19 CIRCLE AVENUE, LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

35 CIRCLE AVENUE APT. 16  
MELBOURNE, FL 32935

**New Principal Place of Business:**

35 CIRCLE AVENUE APT. 16  
# 16  
MELBOURNE, FL 32935

**Current Mailing Address:**

35 CIRCLE AVENUE APT. 16  
MELBOURNE, FL 32935

**New Mailing Address:**

35 CIRCLE AVENUE APT. 16  
#16  
MELBOURNE, FL 32935

FEI Number: 26-3985049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALEKIAN, MOHAMAD R  
35 CIRCLE AVENUE APT. 16  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

MALEKIAN, MOHAMAD R  
35 CIRCLE AVENUE APT. 16  
#16  
MELBOURNE, FL 32935 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/26/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MALEKIAN, MOHAMED R  
Address: 35 CIRCLE AVENUE APT. 16  
City-St-Zip: MELBOURNE, FL 32935

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: M.R.MALEKIAN

OWNE

04/26/2010

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