

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000087622

1. Entity Name
NE 24, LLC



Principal Place of Business

528 BURGUNDY K
DELRAY BEACH, FL 33484 US

Mailing Address

528 BURGUNDY K
DELRAY BEACH, FL 33484 US



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3419365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRVIS, MARK
528 BURGUNDY K
DELRAY BEACH, FL 33484

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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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000587456
01/17/07-80033-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	M
NAME	MIRVIS, MARK
STREET ADDRESS	289 BAYBERRY DRIVE
CITY-ST-ZIP	HEWLETT, NY 11557
TITLE	M
NAME	LUPOLOVER, MARK
STREET ADDRESS	248 NAVESINK COURT
CITY-ST-ZIP	HOLMDEL, NJ 07733
TITLE	M
NAME	ZHURAVSKY, IGOR
STREET ADDRESS	806 TURQUOISE TRAIL
CITY-ST-ZIP	MORGANVILLE, NJ 07733
TITLE	MGRM
NAME	BEZENYAN, MICHAEL
STREET ADDRESS	17 WHISTLER WAY
CITY-ST-ZIP	MARLBORO, NJ 07746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

M. Mirvis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/09/07 718 891 4600

Date

Daytime Phone #