

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90054 013 \*\*\*138.75

**DOCUMENT # L07000008372**

1. Entity Name  
113 NORTH B STREET, LLC



Principal Place of Business  
169 SOUTHDOWN ROAD  
HUNTINGTON, NY 11743 US

Mailing Address  
169 SOUTHDOWN ROAD  
HUNTINGTON, NY 11743 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8359136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

ALLSTATE CORPORATE SERVICES CORP.  
653 WEST 23RD STREET  
SUITE 229  
PANAMA CITY, FL 32405

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
BIVONA, ESTER  
169 SOUTHDOWN ROAD  
HUNTINGTON, NY 11743

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Ester Bivona*

ESTER BIVONA

2/11/08

631 838-9901

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

Date

Daytime Phone #