

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082916

Entity Name: 634 11TH STREET, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

1694 SABAL PALM DRIVE
BOCA RATON, FL 33432

New Principal Place of Business:

102 NE 2ND ST - BOX 100
BOCA RATON, FL 33432

Current Mailing Address:

1694 SABAL PALM DRIVE
BOCA RATON, FL 33432

New Mailing Address:

102 NE 2ND ST - BOX 100
BOCA RATON, FL 33432

FEI Number: 20-3379181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, MARC I
1160 S. ROGERS CIRCLE
SUITE 2
BOCA RATON, FL 33487 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: COHEN, ARTHUR
Address: 1694 SABAL PALM DRIVE
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Delete
Name: COHEN, DIANE
Address: 1694 SABAL PALM DRIVE
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Delete
Name: COHEN, RACHEL
Address: 1694 SABAL PALM DRIVE
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Delete
Name: WILSON, CONNOR
Address: 1694 SABAL PALM DRIVE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHEN, ARTHUR
Address: 102 NE 2ND ST - BOX 100
City-St-Zip: BOCA RATON, FL 33432

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 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: ARTHUR COHEN

MGRM

03/26/2009

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