

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061529

Entity Name: 180 NE 6TH AVENUE LLC

FILED
Aug 18, 2009
Secretary of State

Current Principal Place of Business:

180 NE 6TH AVE # A
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2647 FRANCES ST
BELLMORE, NY 11710

New Mailing Address:

FEI Number: 26-2815534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

7912 SANOMA 204 LLC
7912 SONOMA SPRINGS CIR
STE 204
BOYNTON BEACH, FL 33463 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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CALIFANO, BRIAN F
Address: 2647 FRANCES ST
City-St-Zip: BELLMORE, NY 11710

Title: MGR () Delete
Name: FAIELLA, LOUIS III
Address: 296 BAYVIEW AVE
City-St-Zip: MASSAPEQUA, NY 11758

Title: MGR () Delete
Name: FAIELLA, LOUIS S
Address: 3086 SUSAN RD
City-St-Zip: BELLMORE, NY 11710

Title: MGR () Delete
Name: KAPLAN, MARC
Address: 2956 WILSON AVE
City-St-Zip: WANTAGH, NY 11793

Title: MGR () Delete
Name: KAPLAN, RUSSELL
Address: 3136 LYDIA LN
City-St-Zip: BELLMORE, NY 11710

Title: MGR () Delete
Name: SAMPINO, ANTHONY
Address: 55 WEST LN
City-St-Zip: BAYSHORE, NY 11706

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: BRIAN F. CALIFANO

MGR

08/18/2009

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