

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000058967

Entity Name: TATALEJ, LLC

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20000 E. COUNTRY CLUB DRIVE  
1004  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20000 E. COUNTRY CLUB DRIVE  
1004  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 27-2788395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERLMAN, STEVEN J  
20000 E. COUNTRY CLUB DRIVE  
1004  
AVENTURA, FL 33180 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: MGR  
Name: PERLMAN, STEVEN J  
Address: 20000 E. COUNTRY CLUB DRIVE, APT 1004  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: VOLOVITZ, JEANETTE  
Address: 20000 E. COUNTRY CLUB DRIVE, APT 1004  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: PERLMAN, JONATHAN  
Address: 20000 E. COUNTRY CLUB DRIVE, APT 1004  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: PERLMAN, DAVID  
Address: 20000 E. COUNTRY CLUB DRIVE, APT 1004  
City-St-Zip: AVENTURA, FL 33160

Title: MGRM  
Name: PERLMAN, ISAAC  
Address: 20000 E. COUNTRY CLUB DRIVE, APT 1004  
City-St-Zip: AVENTURA, FL 33180

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: STEVEN PERLMAN

MANA

03/24/2011

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