

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061529

Entity Name: 180 NE 6TH AVENUE LLC**Current Principal Place of Business:**180 NE 6TH AVE # A
DELRAY BEACH, FL 33483**Current Mailing Address:**2647 FRANCES ST
BELLMORE, NY 11710**FEI Number:** 26-2815534**Certificate of Status Desired:** No**Name and Address of Current 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

Authorized Person(s) Detail :

Title	MGR
Name	CALIFANO, BRIAN F
Address	2647 FRANCES ST
City-State-Zip:	BELLMORE NY 11710

Title	MGR
Name	FAIELLA, LOUIS III
Address	296 BAYVIEW AVE
City-State-Zip:	MASSAPEQUA NY 11758

Title	MGR
Name	FAIELLA, LOUIS S
Address	3086 SUSAN RD
City-State-Zip:	BELLMORE NY 11710

Title	MGR
Name	KAPLAN, MARC
Address	2956 WILSON AVE
City-State-Zip:	WANTAGH NY 11793

Title	MGR
Name	KAPLAN, RUSSELL
Address	3136 LYDIA LN
City-State-Zip:	BELLMORE NY 11710

Title	MGR
Name	SAMPINO, ANTHONY
Address	55 WEST LN
City-State-Zip:	BAYSHORE NY 11706

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN CALIFANO**MANAGER****05/01/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date