

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009818

**Entity Name:** FORECLOSURE ASSETS MANAGERMENTS LLC

**Current Principal Place of Business:**

20533 BISCAYNE BLVD  
1240  
AVENTURA, FL 33180

**Current Mailing Address:**

C/O GABRIEL RYDZ  
20533 BISCAYNE BLVD # 1240  
AVENTURA, FL 33180 US

**FEI Number:** 26-4193761

**Certificate of Status Desired:** No

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

SHLAIN, CESAR C  
18181 NE 31 CT  
1406  
AVENTURA, FL 33160 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 MGRM  
Name ITKIN, ALEJANDRO D  
Address 20533 BISCAYNE BLVD #1240  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name RYDZ, GABRIEL B  
Address 20533 BISCAYNE BLVD #1240  
City-State-Zip: AVENTURA FL 33180

*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:** GABRIEL RYDZ

**MGRM**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date