### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000026509

Entity Name: 7411 CARLYLE LLC

### **Current Principal Place of Business:**

7411 CARLYLE AVENUE APT. #2 MIAMI BEACH, FL 33141-2628

## **Current Mailing Address:**

7411 CARLYLE AVENUE APT.#2 MIAMI BEACH, FL 33141-2628 US

## FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

AVITAL, ITAY 7411 CARLYLE AVENUE APT. #3 MIAMI BEACH, FL 33141 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

### Authorized Person(s) Detail :

| Authorized Ferson(s) Detail : |                        |                 |                           |  |
|-------------------------------|------------------------|-----------------|---------------------------|--|
| Title                         | MGR                    | Title           | MGR                       |  |
| Name                          | AVITAL, ITAY           | Name            | COHEN, LIOR               |  |
| Address                       | 7411 CARLYLE AVENUE #3 | Address         | 7411 CARLYLE AVENUE #2    |  |
| City-State-Zip:               | MIAMI BEACH FL 33141   | City-State-Zip: | MIAMI BEACH FL 33141-2628 |  |
| Title                         | MGR                    |                 |                           |  |
| Name                          | COHEN, MATIS           |                 |                           |  |
| Address                       | 7411 CARLYLE AVENUE #3 |                 |                           |  |
| City-State-Zip:               | MIAMI BEACH FL 33141   |                 |                           |  |

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: LIOR COHEN MGR | 03/14/2013 |
|---------------------------|------------|
|---------------------------|------------|

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 14, 2013 Secretary of State CC0238166376

Certificate of Status Desired: No

Date

Date