

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90348 023 ****50.00

DOCUMENT # L02000017203 1. Entity Name 3505 N.W. 112TH STREET LLC					
Principal Place of Business 239 WESTERN AVE. STATEN ISLAND, NY 10303			Mailing Address 239 WESTERN AVE. STATEN ISLAND, NY 10303		
2. Principal Place of Business 99 Hook Road Suite, Apt. #, etc. Section - 3 City & State Bayonne, NJ Zip 07002 Country Hudson		3. Mailing Address 99 Hook Road Suite, Apt. #, etc. Section - 3 City & State Bayonne, NJ Zip 07002 Country		<div style="font-size: 24px; font-weight: bold; margin-bottom: 5px;">26620961</div>	
03072005 Chg-LLC CR2E083 (10/03)				4. FEI Number 81-0555908	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DI STEFANO, PAUL V JR. 2440 MADRID STREET CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASUCCI, RAYMOND 239 WESTERN AVE. STATEN ISLAND, NY 10303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM masucci, Raymond 99 Hook Road - section-3 Bayonne, NJ 07002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASUCCI, ROBERT 61 DIRENZO CT. STATEN ISLAND, NY 10309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ <i>Raymond Masucci</i> 3/6/05 201-823-5223 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					