

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90257 025 ****50.00

20047352



05232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0082488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOGOLAVSKY, AMIT
6240 NORTHWEST 10TH AVENUE
PARKLAND, FL 33076

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BOGOLOWSKY, AMIT
STREET ADDRESS 6240 NW 110TH AVE.
CITY-ST-ZIP PARKLAND, FL 33076

TITLE MGR
NAME BOGOSLOWSKY, EHRAT
STREET ADDRESS 6240 NW 110TH AVE.
CITY-ST-ZIP PARKLAND, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

AMIT BOGOLAVSKY June 12, 06 (921) 796-6524