2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

EPDVNFOU!$ L02000022396

2/ Entity Name
MOUNT VERNON, LLC

Principal Place of Business
21861 [illegible]
[illegible] 44276

Mailing Address
21861 [illegible]
[illegible] 44276

3/ Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

4/ Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

04052006 Di h.MMD DS3F184[illegible]22016*

5/ FEI Number 56-2293056 | Applied For | Not Applicable

6/ Certificate of Status Desired ☐ %6/11 Beeljpobm Gf lSf rvjf e

7/ Obn f lboelBeesf t t lpgDvssf ouSf hjt uf sf elBhf ou

GARCIA, FELIX C
C/O GARCIA ACCOUNTING & TAX SERVICE, INC.
10750 S.W. 24TH STREET
MIAMI, FL 33165

8/ Obn f lboelBeesf t t lpgOf x lSf hjt uf sf elBhf ou

Name

Street Address (P.O. Box Number Is Not Acceptable)

City | GM | Zip Code

9/ 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 May 1, 2006

Nglf di f dl qbzbcrh ip
Gpsjeb Ef qban f oupg Tubf

: / MANAGING MEMBERS/MANAGERS

TITLE	PST	☐ Delete
NAME	BERKENSTADT, DANIEL E	
STREET ADDRESS	9601 COLLINS AVE., #508	
CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE	D	☐ Delete
NAME	GONEN, TZACHI	
STREET ADDRESS	9601 COLLINS AVE., #508	
CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

21/ ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME	100000534559	
STREET ADDRESS	05/08/06-80016-024 50.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

22/ 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.

TJHOBUVSF: ______________________ 4/21/06
TJHOBUVSF BOE UZQFE PS QSJOUFE OBNF PGT JHOJOH NBOBHJOH NFNCFS- NBOBHFS-PS SFDFJWFS PS USVTUFF [illegible] Date Daytime Phone #