

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90284 017 ****50.00

DOCUMENT # L02000022419

1. Entity Name

ARIK KISLIN ONE PERCENT (1%) TRUST, LLC



Principal Place of Business

1384 BROADWAY
22ND FLOOR
NEW YORK NY 10018

Mailing Address

1384 BROADWAY
22ND FLOOR
NEW YORK NY 10018

24014384



MOORE CR2E083 (11/03)

2. Principal Place of Business

90 WILLIAM STREET

3. Mailing Address

90 WILLIAM STREET

Suite, Apt. #, etc.

Suite 501

Suite, Apt. #, etc.

Suite 501

City & State

New York NY

City & State

New York NY

Zip

10038

Country

USA

Zip

10038

Country

USA

4. FEI Number

13-7088259

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KISLIN, ELA
300 SE 56TH AVE
APT 8080
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Elia Kislin

1/28/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE TR
NAME KISLIN, ELA
STREET ADDRESS 300 SE 5TH AVE, APT 8080
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

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10. ADDITIONS/CHANGES

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☐ Change ☐ 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:

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

Elia Kislin

Date

Daytime Phone #

1/28/04 212 770 0100