


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90097 035 ***138.75

| | | |
|---------------------------------------|--|---|
| DOCUMENT # L02000030346 | |  |
| 1. Entity Name AIRPORT RETAIL, LLC | | |

| | |
|---|---|
| Principal Place of Business 111 EAST JERICO TURNPIKE 2ND FLOOR MINEOLA, NY 11501 | Mailing Address 111 EAST JERICO TURNPIKE 2ND FLOOR MINEOLA, NY 11501 |
|---|---|

60044716



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

07082008 Chg-LLC CR2E083 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 43-1982714 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent USA FLEA-MARKET, L.L.C. 11721 US HIGHWAY 19 PORT RICHEY, FL 34668 | | 7. Name and Address of New Registered Agent Name <u>ROBERT WHITE</u> Street Address (P.O. Box Number is Not Acceptable) <u>GULFPORT PLAZA, INC.</u> <u>FORESTEDGE BLVD.</u> City <u>OLD MAR</u> FL Zip Code <u>34677</u> | |
|--|--|---|--|

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 Robert White ROBERT White 7/7/08
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MALEKAN, ESHAGH 111 EAST JERICO TURNPIKE, 2ND FLOOR MINEOLA, NY 11501 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | see attached copy for NEW Registered Agent <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 | Free sent to P.O. Box #4327 w/Cover letter. <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 |
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| 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/8/08

Date

516-747-3876

Daytime Phone #

ATTACHMENT

60044716
#L02000030346STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Airport Retail, LLC +

2. (a) Principal office address of limited liability company: c/o R.E. Managment of Northeast +
(Note: MUST BE STREET ADDRESS) 111 East Jericho Turnpike, Suite 200 +
Mineola, NY 11501 +

(b) Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX) _____

May 8, 2008 + L02000030346
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: USA Flea Market, LLC

Registered Office Address: 11721 US Highway 19 +
Port Richey, FL 34668 +

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Robert White +

NEW Registered Office Address: Gulfport Plaza Inc. +
(MUST BE FLORIDA STREET ADDRESS) Forestedge Blvd. +
Oldmar +, FL 34677 +

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Eshagh Malekan
(Signature of a member or authorized representative of a member)

Eshagh Malekan
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robert White
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00