

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90162 047 ****50.00

DOCUMENT # L02000033840

1. Entity Name

ELLEN LIMAN LLC



Principal Place of Business

139 N COUNTY RD
3
PALM BEACH FL 33480

Mailing Address

435 EAST 52ND STREET
NEW YORK NY 10022

2. Principal Place of Business

139 N. County Rd

Suite, Apt. #, etc.

3

3. Mailing Address

435 East 52nd St.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

NY, NY

Zip

33480

Country

USA

Zip

10022

Country

USA

4. FEI Number

04-3728142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., STE 508
MIAMI FL 33156

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: **PST President, Secretary, Treasurer**
NAME: **LIMAN, ELLEN**
STREET ADDRESS: **435 EAST 52 STREET**
CITY-ST-ZIP: **NEW YORK NY 10022**

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10. ADDITIONS/CHANGES

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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:

Ellen Liman

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

Date

Daytime Phone #

1/27/04 2123554375