


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90432 022 ****50.00

DOCUMENT # L03000007913 1. Entity Name KOSHER DIET CLUB, LLC			
Principal Place of Business 633 NORTHEAST 167TH STREET SUITE 1004 AVENTURA, FL 33160		Mailing Address 633 NORTHEAST 167TH STREET SUITE 1004 AVENTURA, FL 33160	
2. Principal Place of Business - No P.O. Box # 18061 Biscayne Blvd Suite, Apt. #, etc. #504-2N		3. Mailing Address 18061 Biscayne Blvd Suite, Apt. #, etc. #504-2N	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33160		Zip 33160	
Country 		Country 	
6. Name and Address of Current Registered Agent COHEN, OFER 18061 BISCAYNE BLVD. #504-2N AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME COHEN, OFER	<input type="checkbox"/> Delete	
STREET ADDRESS 18061 BISCAYNE BLVD. #504-2N	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP AVENTURA, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: X		Ofer Cohen	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 3/28/07 Daytime Phone # (305) 937-5571	