

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019679

Entity Name: EIGHT-C, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

4565 NORTH MICHIGAN AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

P O BOX 403818
MIAMI BEACH, FL 331401818 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSKAR, JOSEPH
4565 NORTH MICHIGAN AVENUE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIPSKAR, JOSEPH
Address: 4565 NORTH MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: LIPSKAR, SHOLOM
Address: 4565 NORTH MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: LIPSKAR, MENDEL
Address: 4565 NORTH MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: LIPSKAR, RACHEL
Address: 4565 NORTH MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: SCHOCHET, BATSHEVA
Address: 4565 NORTH MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: J LIPSKAR

MGR

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date