

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000028677

1. Entity Name  
NYMI ENTERPRISES, L.L.C.



Principal Place of Business  
7700 BISCAYNE BLVD  
MIAMI, FL 33138

Mailing Address  
7700 BISCAYNE BLVD  
MIAMI, FL 33138



08212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-3104652

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

OFIR, JACOB  
2231 NE 201 ST  
MIAMI, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

UD00000772836  
08/28/07-80005-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	M
NAME	NEMZER, JERRY
STREET ADDRESS	19801 NE 23 AVE
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	M
NAME	OFIR, JACOB
STREET ADDRESS	2231 NE 201 ST
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	MGR
NAME	ALBOCHER, SHEMTOV
STREET ADDRESS	715 PARK AVENUE
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/28/07 305-757-8451