

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000037360

1. Entity Name
1312-1318 N.F.H. LLC



Principal Place of Business

49 PEACH DR.
ROSLYN, NY 11576

Mailing Address

49 PEACH DR.
ROSLYN, NY 11576



01212007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALPERN, ARON
1500 S. OCEAN DR., APT. 14K
HOLLYWOOD, FL 33019

**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 of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAXT, STEWART
STREET ADDRESS	49 PEACH DRIVE
CITY-ST-ZIP	ROSLYN, NY 11576
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-00037-022 50.00

**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

1/24/07

5164844265

DATE

Daytime Phone #