

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90461 033 *****50.00

DOCUMENT # L04000010408

1. Entity Name

U.S.S. CYGNUS, LLC



Principal Place of Business

5100 N. FEDERAL HWY #408
FT. LSAUDERDALE FL 33308

Mailing Address

5100 N. FEDERAL HWY #408
FT. LSAUDERDALE FL 33308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0711922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, C. GEORGE
5100 N FEDERAL HWY, # 408
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

MARSHALL GOLNICK

Street Address (P.O. Box Number is Not Acceptable)

5100 N. FEDERAL HIGHWAY

#408

City

FT LAUDERDALE,

FL

Zip Code

33308

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.

MARSHALL GOLNICK CEO

3/9/07

(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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GOLNICK, H. MARSHALL
STREET ADDRESS 5100 N FEDERAL HWY #408
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE MGR ☐ Delete
NAME GOLNICK, NATALIA
STREET ADDRESS 5100 N FEDERAL HWY #408
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARSHALL GOLNICK CEO

3/9/07

954-928-0000