2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000013898

1. Entity Name
ASLANOV ENTERPRISES LLC

Principal Place of Business	Mailing Address
231 174TH ST 1620 SUNNY ISLES BEACH, FL 33160 US	231 174TH ST 1620 SUNNY ISLES BEACH, FL 33160 US

02072006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1001506
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ASLANOV, AVRAHAM
231 174TH ST
1620
SUNNY ISLES BEACH, FL 33160

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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: Illegible ASLANOV AVRAHAM 2/7/06
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 May 1, 2006

U00000432569
02/23/06-80072-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ASLANOV, AVRAHAM
STREET ADDRESS	231 174TH ST STE 1620
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGRM
NAME	ASLANOV, HELENA
STREET ADDRESS	231 174TH ST STE1620
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGRM
NAME	ASLANOV, ARIK
STREET ADDRESS	231 174TH ST STE 1620
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGRM
NAME	KATS, LOTY
STREET ADDRESS	231 174TH ST STE 1620
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
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: Illegible ASLANOV AVRAHAM 2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #