

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90020 020 ****50.00

DOCUMENT # L04000023181

1. Entity Name

IBEX CONSTRUCTION - FLORIDA LLC



Principal Place of Business

6422 N.W. 5TH WAY
FT. LAUDERDALE FL 33309

Mailing Address

6422 N.W. 5TH WAY
FT. LAUDERDALE FL 33309



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1372 Broadway 15th Flr.

Suite, Apt. #, etc.

City & State

City & State

New York N.Y.

Zip

Country

Zip

10018

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME HUNGVAR, LLC
STREET ADDRESS 1372 BROADWAY, 15TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE MGRM ☒ Delete
NAME YARMUS, SCOTT
STREET ADDRESS 6422 N.W. 5TH WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE MGRM ☒ Delete
NAME MAJUMDAR, MARESH
STREET ADDRESS 6422 N.W. 5TH WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ Delete
NAME *Andy Frank*
STREET ADDRESS *1372 Broadway*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Managing Member ☐ Change ☒ Addition
NAME *Andy Frank*
STREET ADDRESS *1372 Broadway 15th Flr.*
CITY-ST-ZIP *New York N.Y. 10018*

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
NAME
STREET ADDRESS
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

3/17/06

Date

646 366 6284

Daytime Phone #