

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025818

FILED
Jul 17, 2009
Secretary of State

Entity Name: TANGERINE, LLC

Current Principal Place of Business:

9461 EAST BROADVIEW DRIVE
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

9461 EAST BROADVIEW DRIVE
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 20-0962218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERT I. FINVARB, P.A.
1065 KANE CONCOURSE SUITE 201
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

GREGORY FISHMAN
1111 KANE CONCOURSE, STE. 209
BAY HARBOR ISLANDS, FL 33154 US

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.

SIGNATURE: GREGORY FISHMAN

07/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FINVARB, MICHELLE
Address: 9461 EAST BROADVIEW DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGRM () Delete
Name: ABRAMOWITZ, VANESSA
Address: 1231 101ST STREET
City-St-Zip: BAY HARBOR ISLAND, FL 33154

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE FINVARB

MGRM

07/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date