

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038988

Entity Name: 2411 AXIS, LLC

FILED  
May 08, 2008  
Secretary of State

**Current Principal Place of Business:**

1101 S.W. 1ST AVE  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHAEL KAPLAN  
14 PEACH TREE LANE  
MANAMAPAN, NJ 07726

**New Mailing Address:**

FEI Number: 20-1170013      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:**

**Name and Address of New Registered Agent:**

KAPLAN, MICHAEL  
16875 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: KAPLAN, MICHAEL  
Address: 14 PEACH TREE LANE  
City-St-Zip: MANALAPAN, NY 07726

Title: MGRM      ( ) Delete  
Name: MESHOYRER, SVETLANA  
Address: 14 PEACH TREE LANE  
City-St-Zip: MANALAPAN, NY 07726

**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: MICHAEL KAPLAN

MEMB

05/08/2008

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