## **2007 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT **FILED** Apr 26, 2007 08:00 A Secretary of State DOCUMENT # L04000039070 1. Entity Name MYSB, LLC Principal Place of Business Mailing Address 4740 N 31ST CT 4740 N 31ST CT HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 04172007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1196899 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BENO, SHLOMO 4740 N 31ST CT AVENTURA, FL 33160 IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BENO, SHLOMO NAME 4740 N 31ST CT STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 **MGRM** TITLE NAME YALOZ, MEIR U00000735556 **6311 SW 130TH AVENUE** 05/10/07-80039-002 50.00 STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33330** TITLE. NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

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