

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 19 PM 12:18

DOCUMENT # L04000043264	
1. Entity Name 22 VIA DE LUNA, LLC	

Principal Place of Business 25 WILLIAMS STREET PITTSFIELD, MA 01201	Mailing Address C/O JOHN ANTHONY 25 WILLIAMS STREET PITTSFIELD, MA 01201
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1206510	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**DO NOT WRITE
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 reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, CHRISTIAN J 535 DEAN ST APT 317 BROOKLYN, NY 11217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, JASON 223 E 14TH ST, # 6 NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, MARGARET 25 WILLIAMS STREET PITTSFIELD, MA 01201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, JOHN 25 WILLIAMS STREET PITTSFIELD, MA 01201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000718228
05/01/07-80014-001 50.00

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IN THIS SPACE**

BLT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #