

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050441

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** TOSSED OF FORT LAUDERDALE, LLC

**Current Principal Place of Business:**

11290 LEGACY AVENUE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

401 EAST LAS OLAS BLVD., SUITE 1500  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 20-1341559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHODASH, JASON  
401 EAST LAS OLAS BLVD., SUITE 1500  
FT. LAUDERDALE, FL 33301 US

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

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: CHODASH, JASON  
Address: 411 N. NEW RIVER DRIVE EAST UNIT 2806  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: COHEN, ADAM  
Address: 64 THOMPSON STREET, APT. 16  
City-St-Zip: NEW YORK, NY 10012

Title: MGRM ( ) Delete  
Name: CHODASH, BRIAN  
Address: 411 N NEW RIVER DRIVE EAST UNIT 2806  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: COHEN, ADAM  
Address: 135 WEST 13TH STREET APT 7  
City-St-Zip: NEW YORK, NY 10011

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:** JASON CHODASH

MGRM

04/17/2009

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