

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000060761

1. Entity Name  
GIRARDI & HICKEY, L.L.C.



**FILED**  
**Aug 27, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

75 JACKSON AVENUE, #206  
SYOSSET, NY 11791

Mailing Address

75 JACKSON AVENUE, #206  
SYOSSET, NY 11791



08112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1504983

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOMBACH, GEOFFREY S ESQ.  
C/O MOBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD., SUITE 1950  
FT. LAUDERDALE, FL 33394

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000958417  
08/27/08-80001-011 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	GIRARDI, ALFRED
STREET ADDRESS	75 JACKSON AVENUE, #206
CITY-ST-ZIP	SYOSSET, NY 11791

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Alfred Girardi* ALFRED GIRARDI

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

8/12/08

Date

516 269 598

Daytime Phone #