


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L04000065322			
<b>1. Entity Name</b> IRYN FARM LLC			
<b>Principal Place of Business</b> 3351 S.W. 57TH PLACE FT. LAUDERDALE, FL 33312		<b>Mailing Address</b> 3351 S.W. 57TH PLACE FT. LAUDERDALE, FL 33312	
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Mailing Address</b> 4100 N 28th Terrace Suite, Apt. #, etc. City & State Hollywood FL Zip 33020 Country USA	
<b>6. Name and Address of Current Registered Agent</b>			
STONE, ADELE I % ATKINSON, DINER, STONE, ET AL P.A. 1946 TYLER STREET HOLLYWOOD, FL 33020			Name Street Address City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM OVAKNIN, AVRAHAM 3351 S.W. 57TH PLACE FT. LAUDERDALE, FL 33312	<b>10.</b> <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
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	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the provisions of the law indicated on this report is true and accurate and that my signature shall have the same legal effect as if it were the signature of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.</b>			
<b>SIGNATURE:</b> _____		Avi Ovaknin	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1907779	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, ADELE I  
% ATKINSON, DINER, STONE, ET AL P.A.  
1946 TYLER STREET  
HOLLYWOOD, FL 33020

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	OVAKNIN, AVRAHAM	
STREET ADDRESS	3351 S.W. 57TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Avi Ovakinin

04/26/07 (954)924-9779