

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070913

Entity Name: SOLE UNIT 602, LLC

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

17315 COLLINS AVENUE
SUITE 602
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

500 EAST 85TH STREET
19D
NEW YORK, NY 10028

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINGDOM REALTY
1550 NORTHEAST MIAMI GARDENS DRIVE
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

KINGDOM REALTY
300 OAKWOOD LANE, SUITE 3
HOLLYWOOD, FL 33020 US

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:

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CEVA, VALERIE A
Address: 500 EAST 85TH STREET, 19D
City-St-Zip: NEW YORK, NY 10028

Title: MGRM () Delete
Name: LAGANA, CHRISTINE E
Address: 60 ECHO RIDGE ROAD
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: MGRM () Delete
Name: MAJCHRZYK, AMY
Address: 140 8TH AVENUE, 4E
City-St-Zip: NEW YORK, NY 11215

ADDITIONS/CHANGES:

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

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

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: VALERIE CEVA

MGMR

04/08/2008

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