

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080749

FILED
Sep 02, 2009
Secretary of State

Entity Name: VON PARIS INVESTMENTS LLC

Current Principal Place of Business:

27 ECHO LANE
MELVILLE, NY 11747

New Principal Place of Business:

Current Mailing Address:

27 ECHO LANE
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 20-1865098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARRIS, ANDREW J
2526 CARAMBOLA CIR. N.
COCONUT CREEK, FL 33066 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARRIS, ANDREW J
Address: 27 ECHO LANE
City-St-Zip: MELVILLE, NY 11747

Title: MGRM () Delete
Name: SANTOLI, RALPH
Address: 56 ERVING AVE
City-St-Zip: FLORAL PARK, NY 11001

Title: MGRM () Delete
Name: TRDARIS, EVAN
Address: 31 LORETTA DR
City-St-Zip: SYOSSET, NY 11791

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: ANDREW J. HARRIS

MGR

09/02/2009

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