

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90132 047 ***138.75

DOCUMENT # L04000087842

1. Entity Name
BILAY, LLC



Principal Place of Business
**2200 HOLLYWOOD BLVD
C/O CHAIM GIDALI
HOLLYWOOD, FL 33020 US**

Mailing Address
**2200 HOLLYWOOD BLVD
C/O CHAIM GIDALI
HOLLYWOOD, FL 33020 US**



2. Principal Place of Business - No P.O. Box #
**17395 NORTH BAY ROAD
Suite, Apt. #, etc. # 108**

3. Mailing Address
**17395 NORTH BAY ROAD
Suite, Apt. #, etc. # 108**

02012008 Chg-LLC CR2E083 (12/06)

City & State
SUNNY ISLES BEACH, FL
Zip
33160 Country
US

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Zip
33160 Country
US

4. FEI Number
20-1973174 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WASSERSTROM, KEITH
1909 TYLER STREET
PENTHOUSE
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

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 **KEITH WASSERSTROM**

2-4-08

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
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEYBOVICH, LAZAR 317 AVENUE O BROOKLYN, NY 11230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAVITSKY, BORIS 20 JOSEPH COURT MONMOUTH JUNCTION, NJ 08852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARONOV, IGOR 5 PARK VIEW PLACE FAIR LAWN, NJ 07410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARONOV, YAN 5 PARK VIEW PLACE FAIR LAWN, NJ 07410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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: **KEITH WASSERSTROM**

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

Date

Daytime Phone #