

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000360

Entity Name: CLA SOUTH, LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

52 ADMIRALS DR. E.  
W. BAYSHORE, NY 11706 US

**New Principal Place of Business:**

51 ADMIRALS DR. E.  
W. BAYSHORE, NY 11706 US

**Current Mailing Address:**

52 ADMIRALS DR. E.  
W. BAYSHORE, NY 11706 US

**New Mailing Address:**

51 ADMIRALS DR. E.  
W. BAYSHORE, NY 11706 US

FEI Number: 20-2164270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERCOGLIANO, MARYANN  
18001 COLLINS AVE. SUITE 601  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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: MGRM ( ) Delete  
Name: MERCOGLIANO, LAURA  
Address: 52 ADMIRALS DR. E.  
City-St-Zip: W. BAYSHORE, NY 11706 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MERCOGLIANO, LAURA  
Address: 51 ADMIRALS DR. E.  
City-St-Zip: W. BAYSHORE, NY 11706 US

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: LAURA MERCOGLIANO

MGRM

04/13/2009

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