

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027605

Entity Name: MADAST LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

2440 NE MIAMI GARDENS DRIVE
SUITE 107
NORTH MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

2440 NE MIAMI GARDENS DRIVE
SUITE 107
NORTH MIAMI, FL 33180

New Mailing Address:

FEI Number: 20-2737366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENDAL, DAVID
2440 NE MIAMI GARDENS DRIVE
SUITE 107
NORTH MIAMI, FL 33180 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: MENDAL, DAVID
Address: 2440 NE MIAMI GARDENS DRIVE, SUITE 107
City-St-Zip: NORTH MIAMI, FL 33180

Title: MGRM () Delete
Name: MENDAL, STEVEN
Address: 422 EAST 72 STREET, APARTMENT 24-A
City-St-Zip: NEW YORK, NY 10021

Title: MGRM () Delete
Name: MENDAL, MARK
Address: 75 PHILLIPS BEACH AVENUE
City-St-Zip: SWAMPSCOTT, MA 01907

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: DAVID MENDAL

MGRM

04/30/2007

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