

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90254 033 ****55.00

DOCUMENT # L05000028544

1. Entity Name

B.I.S. INTERNATIONAL MANAGEMENT LLC



Principal Place of Business

62 PELICAN CIRCLE #202
STATEN ISLAND NY 10306
US

Mailing Address

62 PELICAN CIRCLE #202
STATEN ISLAND NY 10306
US

2. Principal Place of Business - No P.O. Box #

248 Kensington Ave

3. Mailing Address

248 Kensington Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Staten Island, NY

City & State

Staten Island, NY

Zip

10305

Country

USA

Zip

10305

Country

USA

4. FEI Number

20-2546285

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: BARIBAN, WILLIAM ☐ Delete
STREET ADDRESS: 62 PELICAN CIRCLE
CITY-STATE-ZIP: STATEN ISLAND NY 10306

TITLE: MGRM
NAME: IRLINSKY, DMITRIY ☐ Delete
STREET ADDRESS: 62 PELICAN CIRCLE
CITY-STATE-ZIP: STATEN ISLAND NY 10306

TITLE: MGRM
NAME: SIROTA, ARTUR ☐ Delete
STREET ADDRESS: 2630 FORD STREET
CITY-STATE-ZIP: BROOKLYN NY 11235

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: William ~~BARIBAN~~ BARIBAN, ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: 248 Kensington Ave
CITY-STATE-ZIP: Staten Island, NY 10305
last name N not M

TITLE: D IRLINSKY, DMITRIY ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: 545 Neptune Ave apt 12 E
CITY-STATE-ZIP: BROOKLYN, NY 11224

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William Bariban William Bariban

3/25/07 (646) 400-1334

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

Date

Daytime Phone #