

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000040213**

1. Entity Name  
**BDD MANAGEMENT LLC**



Principal Place of Business  
**106-16 JAMAICA AVE  
RICHMOND HILL, NY 11418**

Mailing Address  
**106-16 JAMAICA AVE  
RICHMOND HILL, NY 11418**

**DO NOT WRITE IN THIS SPACE**



07122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**22-3913909**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOTTKOFF, RYAN  
19390 COLLINS AVENUE  
OCEAN VIEW BLDG. A  
SUNNY ISLES BEACH, FL 33160**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

U000000769775  
07/20/07-80004-012 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ABRISHAMIAN, KAMRAN  
92-16 LIBERTY AVENUE  
OZONE PARK, NY 11417**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DARDASHTIAN, SOLEYMAN  
92-16 LIBERTY AVENUE  
OZONE PARK, NY 11417**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CARMILI, DAVID  
714 SENECA AVENUE  
RIDGEWOOD, NY 11385**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CARMILI, BEHNAM  
108 WOOLEYS LANE  
GREAT NECK, NY 11023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #