

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 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**



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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 #

1/9/08 (718) 845-6900