

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050884

Entity Name: 6121 NW 11TH STREET, LLC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

5957 OAKLAND PARK BLVD
LAUDERHILL, FL 33313

New Principal Place of Business:

1730 SOUTH FEDERAL HWY, #377
DELRAY BEACH, FL 33483-330

Current Mailing Address:

1730 SOUTH FEDERAL HWY
SUITE 377
LAUDERHILL, FL 33313

New Mailing Address:

1730 SOUTH FEDERAL HWY
SUITE 377
DELRAY BEACH, FL 33483-330

FEI Number: 59-3805935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOELLER, ANDERS
C/O SCOTT EFRON
959 EVE ST
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

MOELLER, ANDERS
C/O SCOTT EFRON
959 EVE STREET
DELRAY BEACH, FL 33483 US

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:

03/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EFRON, SCOTT
Address: 959 EVE ST
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM () Delete
Name: MOELLER, ANDERS
Address: 450 E BOCA RATON RD
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MOELLER, ANDERS
Address: 5527 N. MILITARY TRAIL, #1402
City-St-Zip: BOCA RATON, FL 33496

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: SCOTT EFRON

PD

03/05/2009

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