

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90325 021 ***138.75

DOCUMENT # L05000059416

1. Entity Name
EFIG LLC



Principal Place of Business
18205 BISCAYNE BOULEVARD
AVENTURA, FL 33160

Mailing Address
PO BOX 802732
AVENTURA, FL 33280

60026519



2. Principal Place of Business - No P.O. Box #
16711 COLLINS AVE.
Suite, Apt. #, etc.
2308

3. Mailing Address
P.O. BOX 190238
Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State
SUNNY ISLES, FL
Zip
33160
Country
USA

City & State
MIAMI BEACH, FL
Zip
33119-0238
Country
USA

4. FEI Number
35-2261369
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIEBMAN, MARK A
18205 BISCAYNE BLVD., SUITE 2226
AVENTURA, FL 33160

7. Name and Address of New Registered Agent

Name
MARINA SOLOMATINA
Street Address (P.O. Box Number is Not Acceptable)
90 ALTON RD #305
City
MIAMI BEACH FL Zip Code
33139

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 *M. Solomatina* **MARINA SOLOMATINA** **4/17/08**
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KOROLKOV, EVGUENIY
16711 COLLINS AVENUE #2308
SUNNY ISLES, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KOROLKOVA, FARIDA
16711 COLLINS AVENUE #2308
SUNNY ISLES, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KOROLKOV, IGOR
16711 COLLINS AVENUE #2308
SUNNY ISLES, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Evgeniy Korolkov* **EVGUENIY KOROLKOV**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/08 **786-473-0708**
Date Daytime Phone #