

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000061898

1. Entity Name
1120 CEDAR FALLS DRIVE, LLC



Principal Place of Business
13206 FIJI WAY, UNIT A
MARINA DEL REY, CA 90292

Mailing Address
13206 FIJI WAY, UNIT A
MARINA DEL REY, CA 90292



07242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH E. ALTSCHUL, LLC
1792 BELL TOWER LANE
WESTON, FL 33326

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000957562
08/11/08-80005-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GORODNITSKY, IGOR
STREET ADDRESS	13206 FIJI WAY, UNIT A
CITY-ST-ZIP	MARINA DEL REY, CA 90292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #

8/4/08