

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067641

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** DARK NIGHTS, LLC

**Current Principal Place of Business:**

334 EUCLID AVENUE  
201  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190649  
MIAMI BEACH, FL 33119

**New Mailing Address:**

10 CHELMSFORD DRIVE  
MUTTONTOWN, NY 11545

**FEI Number:** 20-3150177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZDANOW, P. ALEXIS  
1622 PENNSYLVANIA AVENUE  
204  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ZDANOW, P. ALEXIS  
**Address:** PO BOX 190649  
**City-St-Zip:** MIAMI BEACH, FL 33119

**Title:** MGRM  
**Name:** ZDANOW, NIKITA  
**Address:** 10 CHELMSFORD DRIVE  
**City-St-Zip:** MUTTONTOWN, NY 11545

I hereby 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:** ALEXIS ZDANOW

MGRM

03/25/2010

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