

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000070225

Entity Name: CY-FI CITY, LLC

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1040 BAYVIEW DRIVE, #600  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1040 BAYVIEW DRIVE, #600  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 42-1675662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASORIA, S M III  
1040 BAYVIEW DRIVE, #600  
FT. LAUDERDALE, FL 33304 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: CITY COLLEGE, INC.  
Address: 1040 BAYVIEW DRIVE, #600  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGRM  
Name: CASORIA, JANE  
Address: 1040 BAYVIEW DRIVE, #600  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGRM  
Name: FIKE, RUTH I  
Address: 1040 BAYVIEW DRIVE, #600  
City-St-Zip: FT. LAUDERDALE, FL 33304

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: RUTH FIKE

MGRM

03/27/2012

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