

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000073433

1. Entity Name
IT MANAGEMENT, LLC



Principal Place of Business

**6491 SUNSET STRIP, UNIT #5
SUNRISE, FL 33313**

Mailing Address

**6491 SUNSET STRIP, UNIT #5
SUNRISE, FL 33313**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3208976

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAJMAN, ILAN
6491 SUNSET STRIP, UNIT #5
SUNRISE, FL 33313**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NAJMAN, ILAN
6491 SUNSET STRIP, UNIT #5
SUNRISE, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALIMA, TAMIR
6491 SUNSET STRIP, UNIT #5
SUNRISE, FL 33313**

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

U00000578522
01/09/07-80033-009 50.00

**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 #

1/4/07 934-572-7411