

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073433

Entity Name: IT MANAGEMENT, LLC

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

6491 SUNSET STRIP, UNIT #5
SUNRISE, FL 33313

New Principal Place of Business:

6491 SUNSET STRIP, UNIT #6
SUNRISE, FL 33313

Current Mailing Address:

6491 SUNSET STRIP, UNIT #5
SUNRISE, FL 33313

New Mailing Address:

6491 SUNSET STRIP, UNIT #6
SUNRISE, FL 33313

FEI Number: 20-3208976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NAJMAN, ILAN
6491 SUNSET STRIP, UNIT #6
SUNRISE, FL 33313 US

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:

02/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NAJMAN, ILAN
Address: 6491 SUNSET STRIP, UNIT #5
City-St-Zip: SUNRISE, FL 33313

Title: MGR () Delete
Name: ALIMA, TAMIR
Address: 6491 SUNSET STRIP, UNIT #5
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ILAN N

PART

02/07/2008

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