

# 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