

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000081057

1. Entity Name
143 WASHINGTON LLC



Principal Place of Business
**19540 PLANTERS POINTE DRIVE
BOCA RATON, FL 33434**

Mailing Address
**19540 PLANTERS POINTE DRIVE
BOCA RATON, FL 33434**



02252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0751700

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KARYO, RICHARD
19540 PLANTERS POINTE DRIVE
BOCA RATON, FL 33434**

**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)

03/12/08-80012-012 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KARYO, RICHARD 19540 PLANTERS POINTE DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KARYO, MICHEL 5539 N. MILITARY TRAIL, APT. 2002 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KARYO, ARMAND 3 SHORT DRIVE ROSLYN, NY 11576
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHIFF, CATHERINE 75 HAZELWOOD DRIVE JERICHO, NY 11753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 #