

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000090754

1. Entity Name
KATRINA GULF LLC



Principal Place of Business
175 WEST CARVER ST. SUITE 200
HUNTINGTON, NY 11743 US

Mailing Address
175 WEST CARVER ST. SUITE 200
HUNTINGTON, NY 11743 US



03282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3477519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHANIN, VICTOR
1865 S. OCEAN DRIVE,
SUITE 20M
HOLLANDALE, FL 33009

**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 KHANIN, VICTOR 1865 S. OCEAN DRIVE, SUITE 20M HOLLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KISSINA, KATERINA 1865 S. OCEAN DRIVE, SUITE 20M HOLLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KISSIN, JOSEF 1865 S. OCEAN DRIVE, SUITE 20M HOLLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANIN, VICTOR 1865 S. OCEAN DRIVE, SUITE 20M HOLLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000686505
04/10/07-80002-012 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:

Victor Khanin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/07