


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L05000092459 1. Entity Name PHYLMANDON, LLC	
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Principal Place of Business 19131 SKYRIDGE CIRCLE BOCA RATON, FL 33498 US	Mailing Address 19131 SKYRIDGE CIRCLE BOCA RATON, FL 33498 US
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DO NOT WRITE IN THIS SPACE

04042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DASHOFF, MARSHA A
19131 SKYRIDGE CIRCLE
BOCA RATON, FL 33498

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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


00000092222
04/23/08-80057-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASHOFF, MARSHA 19131 SKYRIDGE CIRCLE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASHOFF, BRIAN D 19131 SKYRIDGE CIRCLE BOCA RATON, FL 33498
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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:  Brian D. Dashoff 4/8/08 561-982-5382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #