

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000103159

1. Entity Name
JULIA PEKARSKAYA, LLC



Principal Place of Business
4020 GALT OCEAN DRIVE, APT 104
FORT LAUDERDALE, FL 33308

Mailing Address
4020 GALT OCEAN DRIVE, APT 104
FORT LAUDERDALE, FL 33308



06062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3656583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEKARSKAYA, JULIA
4020 GALT OCEAN DR 104
FORT LAUDERDALE, FL 33308

**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 September 14, 2007

000000773134
08/31/07-80002-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEKARSKAYA, JULIA
STREET ADDRESS	4020 GALT OCEAN DRIVE, APT 104
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____

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

Date _____

Daytime Phone # _____