

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107889

Entity Name: SARASORE LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

2076 FLATBUSH AVE, 2ND FL.
BROOKLYN, NY 11234

New Principal Place of Business:

Current Mailing Address:

C/O ROSENFELD
1580 E. 19 STREET, #2H
BROOKLYN, NY 11234

New Mailing Address:

2076 FLATBUSH AVE, 2ND FL.
BROOKLYN, NY 11234

FEI Number: 20-3732630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHEINER, ELIEZER
Address: 7491 W. OAKLAND PARK BLVD., SUITE 100
City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM () Delete
Name: LICHTSCHEIN, TEDDY
Address: 7491 W. OAKLAND PARK BLVD., SUITE 100
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHEINER, ELIEZER
Address: 2076 FLATBUSH AVE, 2ND FL.
City-St-Zip: BROOKLYN, NY 11234

Title: MGRM (X) Change () Addition
Name: LICHTSCHEIN, TEDDY
Address: 2076 FLATBUSH AVE, 2ND FL.
City-St-Zip: BROOKLYN, NY 11234

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: ELIEZER SCHEINER

MGR

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date