

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112902

Entity Name: MISHPARA LLC

FILED
Jun 01, 2009
Secretary of State

Current Principal Place of Business:

16486 NE 32ND AVENUE
N. MIAMI BEACH, FL 33160

New Principal Place of Business:

17150 N BAY RD
2213
SUNNY ISLES, FL 33160

Current Mailing Address:

16486 NE 32ND AVENUE
N. MIAMI BEACH, FL 33160

New Mailing Address:

17150 N BAY RD
2213
SUNNY ISLES, FL 33160

FEI Number: 20-3831583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARCUS, ALAN J
20803 BISCAYNE BLVD.
SUITE 301
AVENTURA, FL 33180 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: MARKOWICZ, BERNARD
Address: 16486 NE 32ND AVE
City-St-Zip: N. MIAMI BEACH, FL 33160 US

Title: MGRM () Delete
Name: MARKOWICZ, MICHELE
Address: 16486 NE 32ND AVE
City-St-Zip: N. MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARKOWICZ, BERNARD
Address: 17150 N BAY RD # 2213
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BERNARD MARKOWICZ

MR

06/01/2009

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