

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90030 021 \*\*\*\*50.00

**DOCUMENT # L05000113056**

1. Entity Name  
**SURF STYLE ACQUISITIONS, LLC**



Principal Place of Business  
**4100 N. 28TH TERRACE  
HOLLYWOOD, FL 33020**

Mailing Address  
**4100 N. 28TH TERRACE  
HOLLYWOOD, FL 33020**

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-4466643**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STONE, ADELE I ESQ.  
ONE FINANCIAL PLAZA  
100 S.E. THIRD AVENUE, STE. 1400  
FORT LAUDERDALE, FL 33394**

**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  
**MGRM  
OVAKIN, AVI  
4100 N 28TH TERRACE  
HOLLYWOOD, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MALINASKY, DORON  
4100 N 28TH TERRACE  
HOLLYWOOD, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LEVY, ELIVAHU  
4100 N 28TH TERRACE  
HOLLYWOOD, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ZISHN, SHAUL  
4100 N 28TH TERRACE  
HOLLYWOOD, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
YSHAER, MARK  
4100 N 28TH TERRACE  
HOLLYWOOD, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:** \_\_\_\_\_

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

**04/06/07**

Date

**9549249779**

Daytime Phone #