

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90315 007 ***138.75

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



01112008No Chg-LLC

CR2E083 (12/07)

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 _____

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

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

Avi Ovakinin

4/21/08 (954) 924-9277

Date

Daytime Phone #