


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90050 030 *****50.00

DOCUMENT # L06000025251		
1. Entity Name CONTEMPORARY MOVING SYSTEMS, LLC		

Principal Place of Business 2042 CENTRAL PARK AVENUE YONKERS, NY 10710	Mailing Address 2042 CENTRAL PARK AVENUE YONKERS, NY 10710
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2. Principal Place of Business - No P.O. Box # 90 S. DWORAKIN - 2042 CENTRAL PARK AVE.	3. Mailing Address 90 S. DWORAKIN - 2042 CENTRAL PARK AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State YONKERS, NY	City & State YONKERS, NY
Zip 10710	Country U.S.A.
Zip 10710	Country U.S.A.



01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN RD. ORLANDO, FL 32811		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARO, FRANK 54 ORCHARD AVENUE RYE, NY 10580 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Frank Maro FRANK MARO 1/29/07 914 663-9143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #