
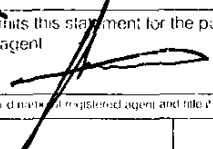
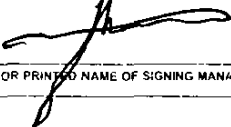


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90511 025 ***138.75

DOCUMENT # L06000042238			
1. Entity Name A.D.MY. RETAIL OF MERRICK LLC			
Principal Place of Business 358 SAN LORENZO AVE SUITE # 1110 CORAL GABLES, FL 33146		Mailing Address 837 LINCOLN ROAD MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 300 Arthur Godfrey Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 202	
City & State		City & State Miami Beach, FL	
Zip		Zip 33140	
Country		Country Dade	
4. FEI Number 20-4602834		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOYAL, PATRICK R 208 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024		Name: MICHAEL AMAR Street Address (P.O. Box Number is Not Acceptable): 300 W 41st St City: MIAMI BEACH FL 33140	
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: 		Date: 5/16/08	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM KOBY, YORAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBY, YORAM	NAME	
STREET ADDRESS	641 ST H AVE APT#22N	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	MGRM AMUJAL, DANIEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUJAL, DANIEL	NAME	
STREET ADDRESS	20870 NE 32 ND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	MRRM ALTIT, ALAIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTIT, ALAIN	NAME	
STREET ADDRESS	299 COCOPLUM ROAD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33143	CITY-ST-ZIP	
TITLE	MGRM AMAR, MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMAR, MICHAEL	NAME	
STREET ADDRESS	19425 39 TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GODEN BEACH, FL 33160	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 5/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	