

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90152 025 \*\*\*143.75

**DOCUMENT # L06000060942**

1. Entity Name  
**ISLAND CONSTRUCTION, LLC**



**60019026**

Principal Place of Business  
**12279 S.W. 129 COURT  
MIAMI, FL 33186**

Mailing Address  
**12279 S.W. 129 COURT  
MIAMI, FL 33186**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**74-3183181**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORRECT !!**

**M & AGENTS, INC.  
2101 CORPORATE BLVD., SUITE 107  
BOCA RATON, FL 33431**

Name **M & W AGENTS INC.**

Street Address (P.O. Box Number is Not Acceptable)

**2101 CORPORATE BLVD SUITE 107**

City **BOCA RATON**

FL

Zip Code **33431**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YOVEL, MOSHE  
12279 SW 129TH CT  
MIAMI, FL 33186** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YOVEL, GPHART  
12279 SW 129TH CT  
MIAMI, FL 33186** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YOVEL, EPHRAIM  
12279 SW 129TH CT  
MIAMI, FL 33186** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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:**

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

Date

Daytime Phone #

**M. YOVEL**

**3-28-08**

**(205) 256-8303**