

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072751

Entity Name: 3501 E. 11 AVE., LLC

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

6300 NW 72 AVE.
HIALEAH, FL 33166

New Principal Place of Business:

3501 E. 11 AVENUE
HIALEAH, FL 33013

Current Mailing Address:

6300 NW 72 AVE.
HIALEAH, FL 33166

New Mailing Address:

6300 NW 72 AVE.
MIAMI, FL 33166

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHECHTER, ZVI
6300 NW 72 AVE.
HIALEAH, FL 33166 US

Name and Address of New Registered Agent:

SHECHTER, ZVI
6300 NW 72 AVE.
MIAMI, FL 33166 US

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.

SIGNATURE:

07/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHECHTER, ZVI
Address: 6300 NW 72 AVE.
City-St-Zip: HIALEAH, FL 33166

Title: MGR () Delete
Name: BOUSKILA, SHIMON
Address: 6300 NW 72 AVE.
City-St-Zip: HIALEAH, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHECHTER, ZVI
Address: 6300 NW 72 AVE.
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Change () Addition
Name: BOUSKILA, SHIMON
Address: 6300 NW 72 AVE.
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ZVI SHECHTER

MGR

07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date