

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90078 024 \*\*\*138.75

**DOCUMENT # L06000073792**

1. Entity Name  
**MAMALE LLC**



Principal Place of Business  
**3854 LYONS ROAD  
APT. 108  
COCONUT CREEK, FL 33073 US**

Mailing Address  
**3854 LYONS ROAD  
APT. 108  
COCONUT CREEK, FL 33073 US**

**60040977**



2. Principal Place of Business - No P.O. Box #  
**2756 Northeast 32nd Street**

Suite, Apt. #, etc.  
**Apt #1**

City & State  
**Fort Lauderdale, FL**

Zip  
**33306**

Country  
**US**

3. Mailing Address  
**c/o Mark E. Ingber, CPA, PA**

Suite, Apt. #, etc.  
**10100 West Sample Road #319**

City & State  
**Coral Springs FL**

Zip  
**33065**

Country  
**US**

05092008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**APPLIED FOR 20-5265099**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BILU & BILU LLC  
10 FAIRWAY DRIVE  
SUITE 204  
DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name  
**Avinoam Einhorn**

Street Address (P.O. Box Number is Not Acceptable)  
**2756 Northeast 32nd Street**

Apt. #1

City  
**Fort Lauderdale**

FL

Zip Code  
**33306**

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 **Avinoam Einhorn** DATE **4/30/08**

(NOTE: Registered Agent signature required when reinstating)

**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 <b>MGRM</b>	<input type="checkbox"/> Delete	TITLE <b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EINHORN, AVINOAM</b>		NAME <b>Einhorn, Avinoam</b>	
STREET ADDRESS <b>3854 LYONS ROAD - APT. 108</b>		STREET ADDRESS <b>2756 Northeast 32nd Street</b>	
CITY-ST-ZIP <b>COCONUT CREEK, FL 33441</b>		CITY-ST-ZIP <b>Fort Lauderdale FL 33306</b>	
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	
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	
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: **Avinoam Einhorn, Managing Member** DATE **4/30/08** DAYTIME PHONE # **954-510-0109**

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