


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90047 045 ***138.75

DOCUMENT # L06000090709			
1. Entity Name 845 CLUB DRIVE LLC			
Principal Place of Business 570 YONKERS AVE. YONKERS, NY 10704		Mailing Address 570 YONKERS AVE. YONKERS, NY 10704	
2. Principal Place of Business - No P.O. Box # <i>% Charles J. Macellaro, Esq.</i> Suite, Apt. #, etc. 570 YONKERS AVE. City & State YONKERS, NY Zip 10704 Country WESTCHESTER		3. Mailing Address <i>% CHARLES J. MACELLARO, Esq.</i> Suite, Apt. #, etc. 570 YONKERS AVE. City & State YONKERS, NY Zip 10704 Country WESTCHESTER	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		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 re-registering) 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 MACELLARO, CHARLES 570 YONKERS AVE. YONKERS, NY 10704 <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: <i>Charles J. Macellaro</i>		Date: <i>1-3-08</i> (914) 969-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	