

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90306 014 ****50.00

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01172007 Chg-LLC CR2E083 (12/06)

4. FEI Number **42-1713975** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATANI, TEVA
19380 COLLINS AV
1627B
SUNNY ISLES, FL 33160

CHANGED
ADDRESS
ONLY

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1957 MONROE STREET
UNIT 8
City **Hollywood** FL Zip Code **33020**

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 re-registering)

DATE

Filing Fee is \$50.00.
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
MRG	BATANI, TEVA	19380 COLLINS AV # 1627B	SUNNY ISLES, FL 33160	☐
MGR	BATANI, DIANA	19380 COLLINS AV # 1627B	SUNNY ISLES, FL 33160	☐
MGR	GOURNAC, LOUISE	19380 COLLINS AV #1627B	SUNNY ISLES, FL 33160	☒
				☐
				☐
				☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
		1957 MONROE STREET, UNIT 8	Hollywood, FL 33020	☒	☐
		1957 MONROE STREET, UNIT 8	Hollywood, FL 33020	☒	☐
				☐	☐
				☐	☐
				☐	☐

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

TEVA BATANI **TEVA BATANI** **2/6/07**

Date

Daytime Phone #