

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000005738

Entity Name: EAST SIDE ASSETS LLC

**FILED**  
**Nov 09, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3363 N.E. 163RD STREET, SUITE 502  
NORTH MIAMI BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

3363 N.E. 163RD STREET, SUITE 502  
NORTH MIAMI BEACH, FL 33160 US

**New Mailing Address:**

19111 COLLINS AVE.  
APT 1705  
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 41-2224173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOYAL, PATRICK  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOYAL, PATRICK  
Address: 10796 PINES BLVD SUITE 204  
City-St-Zip: PEMBROKE PINES, FL 33026 US

**ADDITIONS/CHANGES:**

Title: MRS (X) Change ( ) Addition  
Name: SCEMAMA, ELISA D MANAGER  
Address: 3363 NE 163RD STREET - SUITE 502  
City-St-Zip: NORTH MIAMI, FL 33160 US

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: ELISA SCEMAMA

MGR

11/09/2009

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