

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025041

Entity Name: 1747 FUNSTON STREET, LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

1747 FUNSTON STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

16850 COLLINS AVENUE
SUITE 105
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

18 BRISTOL DRIVE
NORTH HILLS, NY 11030

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARD A. ARONSKY, P.A.
16850 COLLINS AVENUE
SUITE 105
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

ALFRED KHAZZAM
3370 NE 190TH STREET
SUITE 908
AVENTURA, FL 33180 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: ALFRED N. KHAZZAM

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DCA MANAGEMENT,
Address: 16850 COLLINS AVENUE SUITE 105
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KHAZZAM, ALFRED
Address: 18 BRISTOL DRIVE
City-St-Zip: NORTH HILLS, NY 11030

Title: MGRM () Change (X) Addition
Name: KHAZZAM, ALFRED
Address: 18 BRISTOL DRIVE
City-St-Zip: NORTH HILLS, NY 11030

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: ALFRED N. KHAZZAM

MGRM

04/01/2009

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