

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032732

Entity Name: MYCITYCONNECT, LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1160 S. ROGERS CIRCLE  
SUITE 2  
BOCA RATON, FL 33487

## New Principal Place of Business:

13613 PAISLEY DRIVE  
DELRAY BEACH, FL 334446

## Current Mailing Address:

1160 S. ROGERS CIRCLE  
SUITE 2  
BOCA RATON, FL 33487

## New Mailing Address:

13613 PAISLEY DRIVE  
DELRAY BEACH, FL 334446

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHLIFSTEIN, JAMIE  
2225 SPRING HARBOR DR.  
APT. 1  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

SCHLIFSTEIN, JAMIE  
13613 PAISLEY DRIVE  
DELRAY BEACH, FL 33446 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:

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SCHLIFSTEIN, JAMIE  
Address: 13613 PAISLEY DR.  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM ( ) Delete  
Name: DAVID, EVAN  
Address: 5032 N. LA SEDONA CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMIE SCHILFSTEIN

MGRM

04/29/2009

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