


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90018 032 \*\*\*138.75

<b>DOCUMENT # L07000036589</b>	
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1. Entity Name  
MAYROSH I D, LLC.

Principal Place of Business 2845 NE 9TH STREET UNIT 1404 FT LAUDERDALE, FL 33304 US	Mailing Address 2845 NE 9TH STREET UNIT 1404 FT LAUDERDALE, FL 33304 US
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60000362



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

☐ Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYROSH, STEPHEN  
2845 NE 9TH STREET  
UNIT 1404  
FT LAUDERDALE, FL 33304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	MGRM	<input type="checkbox"/> Delete
NAME	MAYROSH, STEPHEN	
STREET ADDRESS	2845 NE 9TH STREET UNIT 1404	
CITY - ST - ZIP	FT LAUDERDALE, FL 33304	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CISSONE, LOUIS	
STREET ADDRESS	2845 NE 9TH STREET UNIT 1404	
CITY - ST - ZIP	FT LAUDERDALE, FL 33304	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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.

*Stephen J. Mayrosh*

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-4-08 954-563-4309