

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-01-2008 90029 046 ***138.75

DOCUMENT # L07000043192 1. Entity Name HIGHER & HIGHER LLC																													
Principal Place of Business 4350 MAYFAIR DRIVE COCONUT GROVE, FL 33133 US			Mailing Address 4350 MAYFAIR DRIVE COCONUT GROVE, FL 33133 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address c/o JH COHN LLP Suite, Apt. #, etc. 1212 6TH AVENUE, 7TH FLOOR																											
City & State Zip		City & State NEW YORK, NY Zip 10036		4. FEI Number 26-2738789																									
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent TARNOPOL, PAUL 4350 MAYFAIR DRIVE COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>TARNOPOL, PAUL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4350 MAYFAIR DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCONUT GROVE, FL 33133</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	TARNOPOL, PAUL	<input type="checkbox"/>	STREET ADDRESS	4350 MAYFAIR DRIVE		CITY-ST-ZIP	COCONUT GROVE, FL 33133		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: _____		MANAGING MEMBER		4/27/08 305 661 7017																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>																									

How Are You Managing?™



ATTACHMENT
30009107

June 4, 2008

Via certified mail #7006 3450 0002 4968 0853

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

**Re: Higher & Higher LLC
Reference Number L07000043192**

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer. Enclosed you will find copy of your letter dated May 14, 2008 and a copy of the annual report returned to our office.

We have corrected the annual report as requested by indicating the Employer Identification Number in Block 4.

Kindly acknowledge the receipt of this letter by signing and date stamping the attached duplicate copy of this transmittal letter and return it to us in the enclosed self-address stamped envelope provided for your convenience.

If you have any questions, please contact the undersigned directly at 646-254-7442.

Thank you for your cooperation.

Sincerely,



Seth Rothman

Cc: Paul Tarnopol (without enclosure)