

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061370

Entity Name: A.D.M.Y. RETAIL ASTORIA LLC

**FILED**  
**May 07, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

19501 BISCAYNE  
SUITE 2027  
MIAMI, FL 33176

## **New Principal Place of Business:**

19501 BISCAYNE  
SUITE 2027  
AVENTURA, FL 33180

## **Current Mailing Address:**

19501 BISCAYNE  
SUITE 2027  
MIAMI, FL 33176

## **New Mailing Address:**

19501 BISCAYNE  
SUITE 2027  
AVENTURA, FL 33180

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

AMUIAL, YOSEF  
20740 NE 30TH PLACE  
AVENTURA, FL 33180 US

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

YOSEF, AMUIAL  
19501 BISCAYNE  
SUITE 2027  
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: YOSEF AMUIAL

05/07/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALTIT, ALAIN  
Address: 299 COCOPLUM RD.  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR  
Name: AMUIAL, YOSEF  
Address: 20740 NE 30TH PLACE  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: AMAR, MICHAEL  
Address: 19425 39TH AVE.  
City-St-Zip: GOLDEN BEACH, FL 33160

Title: MGRM  
Name: MELLOUL, SHLOMO  
Address: 1210 STIRLING RD 7B  
City-St-Zip: DANIA, FL 33004

I hereby 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: SHLOMO MELLOUL

MGRM

05/07/2010

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