

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064836

Entity Name: MND 809, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

C/O DAVID SHEAR, ESQ.
201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33034

New Principal Place of Business:

Current Mailing Address:

C/O DAVID SHEAR, ESQ.
201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33034

New Mailing Address:

FEI Number: 65-0755127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE
STE 601
CORAL GABLES, FL 33034 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEZER, MICHAEL
Address: 18001 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR () Delete
Name: DEZER, NEOMI
Address: 18001 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: NEOMI DEZER

MGR

04/07/2009

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