

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 07, 2008 8:00 am
Secretary of State

03-14-2008 90202 004 ***138.75

DOCUMENT # L07000074554

1. Entity Name
BELMONT ASSOCIATES, LLC



Principal Place of Business
**3450 NORTHLAKE BLVD
SUITE 210
PALM BEACH GARDENS, FL 33403**

Mailing Address
**3450 NORTHLAKE BLVD
SUITE 210
PALM BEACH GARDENS, FL 33403**

30003371



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

26-0586325

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

**GY CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401**

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 amending)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ROSINSKY, MATHIEU
3450 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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: Mathieu Rosinsky

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

MANAGING
MEMBER

3/10/08

561-626-6087

Daytime Phone #