

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000085876

FILED
Oct 02, 2009
Secretary of State**Entity Name:** MISTY MANAGEMENT, L.L.C.**Current Principal Place of Business:**10051 NW 1ST CT
PLANTATION, FL 333247006**New Principal Place of Business:****Current Mailing Address:**10051 NW 1ST CT
PLANTATION, FL 333247006**New Mailing Address:****FEI Number:** 26-1147906**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GELBWAKS, SHARON R
10051 NW 1ST CT
PLANTATION, FL 33324 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: GELBWAKS, PETER S
Address: 10051 NW 1ST CT
City-St-Zip: PLANTATION, FL 333247006**Title:** MGR (X) Delete
Name: GELBWAKS, SHARON R
Address: 10051 NW 1ST CT
City-St-Zip: PLANTATION, FL 333247006**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: GELBWAKS, SHARON R
Address: 10051 NW 1ST CT
City-St-Zip: PLANTATION, FL 333247006**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: SHARON R. GELBWAKS

MGR

10/02/2009

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