

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092257

Entity Name: CTN 509, L.L.C.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

65-08 BOELSEN CRESCENT
REGO PARK, NY 11374

New Principal Place of Business:

Current Mailing Address:

65-08 BOELSEN CRESCENT
REGO PARK, NY 11374

New Mailing Address:

FEI Number: 26-0901933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, IRA R
16375 NE 18TH AVE #225
NORTH MIAMI BEACH, FL 33162 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: MGRM () Delete
Name: LEVY, TAMARA
Address: 65-08 BOELSEN CRESCENT
City-St-Zip: REGO PARK, NY 11374

Title: MGRM () Delete
Name: LEVY, ALEXANDR
Address: 65-08 BOELSEN CRESCENT
City-St-Zip: REGO PARK, NY 11374

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: TAMARA LEVY

MNRM

01/15/2009

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