

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120664

Entity Name: 2301 TOC, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

14 WHITWELL PLACE
STATEN ISLAND, NY 10304 US

New Principal Place of Business:

245 OCEAN TERRACE
STATEN ISLAND, NY 10301 US

Current Mailing Address:

14 WHITWELL PLACE
STATEN ISLAND, NY 10304 US

New Mailing Address:

245 OCEAN TERRACE
STATEN ISLAND, NY 10301 US

FEI Number: 30-0548130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOPOLD KORN LEOPOLD & SNYDER, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL, FL 33180 US

Name and Address of New Registered Agent:

LEOPOLD KORN LEOPOLD & SNYDER, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SURAPANENI, MEERA
Address: 14 WHITWELL PLACE
City-St-Zip: STATEN ISLAND, NY 10304 US

Title: MGR () Delete
Name: SWAMY, SAMALA
Address: 245 OCEAN TERRACE
City-St-Zip: STATEN ISLAND, NY 10301 US

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: SAMALA R. SWAMY MD

MBR

04/27/2009

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