

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000026012

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** MYTRE, LLC

**Current Principal Place of Business:**

C/O 7000 W. PALMETTO PARK ROAD  
SUITE 205  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

3109 GRAND AVENUE  
PMB 447  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 26-2167751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, STUART R ESQ.  
7000 W. PALMETTO PARK ROAD  
SUITE 205  
BOCA RATON, FL 33433 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  
**Name:** MOURNING, ALONZO  
**Address:** 3109 GRAND AVENUE, PMB 447  
**City-St-Zip:** MIAMI, FL 33133

**Title:** MGR  
**Name:** FURST, ALLEN S  
**Address:** 3540 ROYAL PALM AVE.  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** MGR  
**Name:** MOURNING FAMILY TR U/A/D OCTOBER 31, 1996  
**Address:** 3109 GRAND AVENUE, PMB 447  
**City-St-Zip:** MIAMI, FL 33133

I hereby 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:** ALLEN S. FURST

MGR

03/25/2010

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