

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031541

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: EASSAY, LLC

**Current Principal Place of Business:**

6515 STONEHURST CIRCLE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6515 STONEHURST CIRCLE  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

FEI Number: 26-2277460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORLANDO, JOHN J  
6515 STONEHURST CIRCLE  
LAKE WORTH, FL 33467 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: RONNY, SULIMANI  
Address: 300 WEST 55TH STREET, APT. 8D  
City-St-Zip: NEW YORK, NY 10019 US

Title: MGR ( ) Delete  
Name: ORLANDO, JOHN J  
Address: 6515 STONEHURST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGR ( ) Delete  
Name: SHEFTEL, EVAN  
Address: 333 EAST 49TH STREET, APT. 16L  
City-St-Zip: NEW YORK, NY 10017 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EVAN SHEFTEL

MEM

03/20/2009

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