

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042592

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** NYSS HOME THEATER, LLC

**Current Principal Place of Business:**

1301 WEST COPANS ROAD SUITE G-1  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

20 INDUSTRIAL DRIVE  
MIDDLETOWN, NY 10941

**New Mailing Address:**

FEI Number: 26-2497985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALMAN, MYLES ESQ  
3107 STIRLING ROAD  
FT. LAUDERDALE, FL 33312 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: MARKOFF, ALLAN  
Address: 7 SOUTHGATZ  
City-St-Zip: GOSHEN, NY 10924

Title: MGRM ( ) Delete  
Name: MARKOFF, NANCY  
Address: 7 SOUTHGATZ  
City-St-Zip: GOSHEN, NY 10924

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARKOFF, ALLAN  
Address: 7 SOUTHGATE  
City-St-Zip: GOSHEN, NY 10924

Title: MGRM (X) Change ( ) Addition  
Name: MARKOFF, NANCY  
Address: 7 SOUTHGATE  
City-St-Zip: GOSHEN, NY 10924

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: NANCY MARKOFF

MNGR

04/29/2009

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