

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076859

Entity Name: ETONISH LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

10275 COLLINS AVE.  
1116  
BAL HARBOUR, FL 33154

## New Principal Place of Business:

## New Mailing Address:

2500 PARKVIEW DR.  
1110  
HALLANDALE BEACH, FL 33009

## Current Mailing Address:

10275 COLLINS AVE.  
1116  
BAL HARBOUR, FL 33154

FEI Number: 26-3154206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAL, DORON  
10275 COLLINS AVE.  
1116  
BAL HARBOUR, FL 33154 US

## Name and Address of New Registered Agent:

PERRY, NOGA  
10275 COLLINS AVE.  
1116  
BAL HARBOUR, FL 33154 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: NOGA PERRY

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TAL, DORON  
Address: 10275 COLLINS AVE. #1116  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGRM (X) Delete  
Name: BINSHTOK, ROI  
Address: 10275 COLLINS AVE. #1116  
City-St-Zip: BAL HARBOUR, FL 33154

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PERRY, NOGA  
Address: 2500 PARKVIEW DR.  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: NOGA PERRY

MGRM

04/28/2009

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