

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078617

Entity Name: IRIS LEVY ANDROPHY, LLC

FILED
Feb 15, 2009
Secretary of State

Current Principal Place of Business:

1890 SOUTH OCEAN DRIVE
HALLANDALE, FL 330097624

New Principal Place of Business:

909 EAST WRANGLER
SEMINOLE, OK 74868 09

Current Mailing Address:

1890 SOUTH OCEAN DRIVE
HALLANDALE, FL 330097624

New Mailing Address:

1890 SOUTH OCEAN DRIVE
APT 1008 E
HALLANDALE, FL 33009 76

FEI Number: 26-3380089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDROPHY, IRIS L
1890 SOUTH OCEAN DRIVE
HALLANDALE, FL 330097624 US

Name and Address of New Registered Agent:

ANDROPHY, IRIS L
1890 SOUTH OCEAN DRIVE
APT 1008 E
HALLANDALE, FL 330097624 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: IRIS LEVY ANDROPHY

02/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDROPHY, IRIS L
Address: 1890 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE, FL 330097624

ADDITIONS/CHANGES:

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: IRIS LEVY ANDROPHY

PRES

02/15/2009

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