

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102200

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** KOSHER TRAVEL DEPOT, LLC

**Current Principal Place of Business:**

519 W 29TH STREET  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

20855 NE 16TH AVE.  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

519 W 29TH STREET  
MIAMI BEACH, FL 33140

**New Mailing Address:**

403 GRAHAM AVE  
223  
NEW YORK, NY 11211

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHIFMAN, HILIT  
519 W 29TH STREET  
MIAMI BEACH, FL 33140      US

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

SHIFMAN, HILIT  
20855 NE 16TH AVE.  
NORTH MIAMI BEACH, FL 33179      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: \_\_\_\_\_

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHIFMAN, HILIT  
Address: 20855 NE 16TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: HILIT SHIFMAN

MGRM

05/03/2010

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