

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037537

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** HAB HAB LLC

**Current Principal Place of Business:**

490 ARGYLE ROAD  
BROOKLYN, NY 11218 US

**New Principal Place of Business:**

**Current Mailing Address:**

490 ARGYLE ROAD  
BROOKLYN, NY 11218 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
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:**

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

VCORP SERVICES, LLC  
7630 LAGO DEL MAR DRIVE  
SUITE # 10  
BOCA RATON, FL 33433 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MENDELOVITZ, RACHEL  
**Address:** 490 ARGYLE ROAD  
**City-St-Zip:** BROOKLYN, NY 11218 NY

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:** RACHEL MENDELOVITZ

MGRM

05/04/2010

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