

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037537

**FILED**  
**May 01, 2012**  
**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 ( )**

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

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7, SUITE 106  
DAVIE, FL 33314 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  
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

05/01/2012

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