

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000076801

Entity Name: MYMEIRAVITAL, LLC

FILED  
May 01, 2010  
Secretary of State

**Current Principal Place of Business:**

25 2ND STREET NORTH  
SUITE 210  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

25 2ND STREET NORTH  
SUITE 210  
ST PETERSBURG, FL 33701 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:**

AVIRAM, JIMMY  
25 2ND STREET NORTH  
SUITE 210  
ST PETERSBURG, FL FL 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: MGR  
Name: AVIRAM, JIMMY  
Address: 25 2ND STREET NORTH SUITE 210  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM  
Name: AVIRAM, TAL  
Address: 25 2ND STREET NORTH SUITE 210  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM  
Name: DAVID, MEIRAV A  
Address: 25 2ND STREET NORTH SUITE 210  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM  
Name: OCONNOR, RAVIT A  
Address: 25 2ND STREET NORTH SUITE 210  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM  
Name: AVIRAM, MAYAN  
Address: 25 2ND STREET NORTH SUITE 210  
City-St-Zip: ST PETERSBURG, FL 33701

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: ANGIE CARLSON

OM

05/01/2010

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