

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080934

FILED
Jan 05, 2011
Secretary of State

Entity Name: EIMIC18, LLC

Current Principal Place of Business:

16546 NE 26 AVE.
SUITE 3B
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

16546 NE 26 AVE.
SUITE 3B
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 27-0886631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURRLADER, ALEX C
16546 NE 26 AVE.
SUITE 3B
NORTH MIAMI BEACH, FL 33160 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: MGR
Name: DULITZKY, DANIEL
Address: 16546 NE 26TH AVE SUITE-3B
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGR
Name: DULITZKY, EINAT
Address: 16546 NE 26TH AVE SUITE 3B
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGR
Name: BURRLADER, MICHAEL
Address: 16546 NE 26TH AVE SUITE 3B
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGR
Name: BURRLADER, SHIMON
Address: 16546 NE 26TH AVE SUITE 3B
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGR
Name: BURRLADER, CSHIFRA A
Address: 16546 NE 26TH AVE SUITE 3B
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: NGR
Name: BURRLADER, EINAT
Address: 16546 NE 26TH AVE SUITE 3B
City-St-Zip: NORTH MIAMI BEACH, FL 33160 FL

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: ALEX C. BURRLADER

MGR

01/05/2011

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