

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050327

Entity Name: 81472290, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

%ZVI RAFILOVICH, CPA, P.A. 2229 SHERIDAN ST  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

%ZVI RAFILOVICH, CPA, P.A. 2229 SHERIDAN ST  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 27-2540722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZVI RAFILOVICH, CPA, P.A.  
2229 SHERIDAN STREET  
HOLLYWOOD, FL 33020 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: LUSTIG, EMANUEL A  
Address: 2229 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM  
Name: LUSTIG, CARMEL  
Address: 2229 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM  
Name: LUSTIG, LILACH A  
Address: 2229 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM  
Name: ATZMON, IRIS  
Address: 2229 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

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: ZVI RAFILOVICH

POA

05/01/2012

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