


LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE
STATE OF FLORIDA
DIVISION OF CORPORATIONS

11 JUN -1 PM 3:33

DOCUMENT # L10000105160	
1. Entity Name VS 8144 Harding Ave LLC	

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2. Principal Place of Business - No P.O. Box # 8144 Harding Ave Suite, Apt. #, ect. #4	3. Mailing Address 40 Sterling 515 Madison Ave Suite, Apt. #, ect. 1118
City & State Miami Beach FL Zip 33134 Country	City & State New York NY Zip 10022 Country

CR2E083B (1/11)

4. FEI Number 27-4314266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JEFFREY FEINBERG	
	Street Address (P.O. Box Number is Not Accepted) 4000 HOLLYWOOD BLVD.	
	City HOLLYWOOD FL Zip Code 33021	Suite 350-N

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$638.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mishkit Shlomo 515 Madison Ave #1118 New York NY 10022
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10.	400208410744 06/03/11--01004--004 **138.75
DO NOT WRITE IN THIS SPACE	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#

B Tadlock JUN 03 2011