

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

12 APR 10 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000114660																											
1. Entity Name H. MYA, LLC																											
Principal Place of Business 2790 STIRLING ROAD, SUITE 1 & 2 HOLLYWOOD, FL 33020		Mailing Address 2790 STIRLING ROAD, SUITE 1 & 2 HOLLYWOOD, FL 33020																									
2. Principal Place of Business - No P.O. Box # 151 N. NOB Hill Rd Suite, Apt., #, etc. 285		3. Mailing Address 151 N. NOB Hill Rd. Suite, Apt., #, etc. 285																									
City & State Plantation FL		City & State Plantation, FL																									
Zip 33324		Country US																									
4. FEI Number 27-3852125		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent SHLOMI ROSEN 2790 STIRLING ROAD, SUITE 1 & 2 HOLLYWOOD, FL 33020		7. Name and Address of Now Registered Agent Name Kern, Revital Street Address (P.O. Box Number is Not Applicable) 151 N. NOB Hill Rd Suite # 285 City Plantation FL Zip Code 33324																									
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 <i>Revital Kern</i>		DATE 4/2/12																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2012 Fee will be \$538.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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 808, Florida Statutes.																											
SIGNATURE: <i>Revital Kern</i>		DATE: 4/3/12																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		E-MAIL ADDRESS																									