

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90119 050 ***538.75

60040601



| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L96000001281 1. Entity Name ARTY, COHN & FEUER, L.C. | | | | | |
| Principal Place of Business 1150 NW 72 AVE., STE. 760 MIAMI, FL 33126 | | | Mailing Address 1150 N W 72 AVE., STE 760 MIAMI, FL 33126 | | |
| 2. Principal Place of Business - No P.O. Box # 1150 N W 72 AVE., STE 760 Suite, Apt. #, etc. 760 | | 3. Mailing Address 1150 NW 72 AVE., STE 760 Suite, Apt. #, etc. 760 | | | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | | |
| Zip 33126 | Country MIAMI-DADE | Zip 33126 | Country MIAMI-DADE | 4. FEI Number 65-0718930 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent DANIEL ARTY 1150 N W 72 AVE, STE 760 MIAMI, FL 33126 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> MGR <input checked="" type="checkbox"/> DANIEL ARTY <input checked="" type="checkbox"/> 1150 NW 72 AVE., STE. 760 <input checked="" type="checkbox"/> MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> MGR <input checked="" type="checkbox"/> JERYL D WEITHORN <input checked="" type="checkbox"/> 1150 N W 72 AVE., STE 760 <input checked="" type="checkbox"/> MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> MGR <input checked="" type="checkbox"/> JOEL MOSKOWITS <input checked="" type="checkbox"/> 1150 N W 72 AVE., STE 760 <input checked="" type="checkbox"/> MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 5/5/08 305-592-9954 <small>Date Daytime Phone #</small> | | |