

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003292

Entity Name: TUY, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

12 HIGH MEADOW ROAD NORTH
SADDLE RIVER, NJ 07458

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 805
SADDLE RIVER, NJ 07458

New Mailing Address:

FEI Number: 59-3588522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAMIREZ, MANUEL
106 WEST BAY DRIVE
COCOA BEACH, FL 32931 US

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 () Delete
Name: RAMIREZ, MANUEL
Address: POST OFFICE BOX 805
City-St-Zip: SADDLE RIVER, NJ 07458

Title: MGRM () Delete
Name: RAMIREZ, ALBINO
Address: 191 HOBART STREET
City-St-Zip: PEARL RIVER, NY 10965

Title: MGRM () Delete
Name: BOUZAS, BENIGNO
Address: 128 IRVING AVENUE
City-St-Zip: DEER PARK, NY 11279

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MANUEL RAMIREZ

MGRM

05/01/2009

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