

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004004

1. Entity Name
NEW YORK FORFAITING L.L.C.



Principal Place of Business
6189 NW 66TH WAY
PARKLAND, FL 33067

Mailing Address
6189 NW 66TH WAY
PARKLAND, FL 33067



05112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2928321

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAYED, FAYED O
6189 NW 66TH WAY
PARKLAND, FL 33067

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
FAYED, FAYED
6189 NW 66TH WAY
PARKLAND, FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000369014
06/06/05-80002-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

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

6/1/2005 954-796-917
Date Daytime Phone #