

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # M00000002459

1. Entity Name
I & S ASSOCIATES, LLC



Principal Place of Business
**631 TILTON ROAD
NORTHFIELD, NJ 08225**

Mailing Address
**300-31ST STREET NORTH
STE. 223
ST. PETERSBURG, FL 33713**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3401053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEE, JEAN
300 31ST ST. N. #223
ST. PETERSBURG, FL 33713**

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROCKI, IRA M 631 TILTON RD NORTHFIELD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROCKI, SHARI 631 TILTON RD NORTHFIELD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000584269
01/22/07-80065-008 50.00

**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.

SIGNATURE: _____

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

Ira M. Trocki, MGR

01/09/07 727-327-6030

Date

Daytime Phone #