

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

02-13-2006 90193 049 ****55.00

DOCUMENT # M02000001192

1. Entity Name
NEW YORK MANAGEMENT SERVICES L.L.C.



Principal Place of Business Mailing Address
28-02 171 STREET **28-02 171 STREET**
FLUSHING, NY 11358 **FLUSHING, NY 11358**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 61-1406472	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIORIO, MARCO
20655 NEWBY STREET
ORLANDO, FL 32833

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 _____ (NOTE: Registered Agent signature required when reselecting) DATE _____

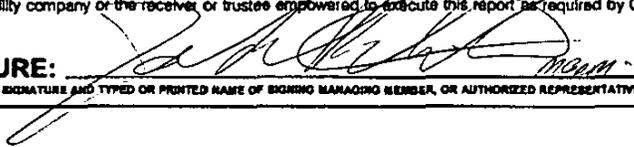
Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTI, JOHN 28-02 171 STREET FLUSHING, NY 11358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **MGRM** **3-15-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT
30062947

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

NEW YORK MANAGEMENT SERVICES L.L.C.
28-02 171 STREET
FLUSHING, NY 11358

~~Subject: -NEW-YORK-MANAGEMENT-SERVICES-L.L.C.-~~

Reference Number:

M02000001192

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION

PLEASE FIND ENCLOSED SIGNED REPORT
THANK YOU FOR YOUR ASSISTANCE WITH
THIS MATTER.

P.O. BOX 6478 - Tallahassee, Florida 32314