

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003724

Entity Name: FELIX ASSOCIATES, LLC

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

335 CENTER AVE.  
MAMARONECK, NY 10543

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 735  
MAMARONECK, NY 10543

**New Mailing Address:**

FEI Number: 20-0240888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Delete  
Name: SAIZ, ANSELMO PRES.  
Address: 306 FISHER AVENUE  
City-St-Zip: WHITE PLAINS, NY 10606

Title: MGR ( ) Delete  
Name: BRESLIN, JOHN  
Address: 48 WHISTLER RD  
City-St-Zip: SCARSDALE, NY 10583

Title: MGR ( ) Delete  
Name: AMATO, VINCENT J  
Address: 124 ORION CIRCLE  
City-St-Zip: JUPITER, FL 33477

Title: MGR ( ) Delete  
Name: PETRILLO, FELIX J  
Address: 25 DORAL GREENS DRIVE EAST  
City-St-Zip: MAMARONECK, NY 10543

Title: MGR ( ) Delete  
Name: PETRILLO, MICHAEL V  
Address: 3 CAROL LANE  
City-St-Zip: MAMARONECK, NY 10543

**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:

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: RUSSELL COMBS

CONT

01/16/2009

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