

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90023 049 ****50.00

DOCUMENT # M04000001977

1. Entity Name
MITECKS ASSOCIATES, L.L.C.



Principal Place of Business
1009 EAST 14TH STREET
BROOKLYN, NY 11230

Mailing Address
1009 EAST 14TH STREET
BROOKLYN, NY 11230

20056373



2. Principal Place of Business
60 Broad St
Suite Apt. #, etc. Suite 3503
City & State New York NY
Zip 10004 Country USA

3. Mailing Address
60 Broad St
Suite Apt. #, etc. Suite 3503
City & State New York NY
Zip 10004 Country USA

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3264208
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
F & L CORP.
200 LAURA STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTEIN, SHIMON 1009 EAST 14TH STREET BROOKLYN, NY 11230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Shimon Eckstein SHIMON ECKSTEIN 4/27/05 212668201