

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000001744

1. Entity Name
INTERMIX, LLC



Principal Place of Business
48 WEST 25TH STREET, 11 FL
NEW YORK, NY 10010

Mailing Address
48 WEST 25TH STREET, 11 FL
NEW YORK, NY 10010

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0581588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

**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 _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KALDJIAN, HARO
STREET ADDRESS 48 WEST 25TH STREET, 11 FL
CITY-ST-ZIP NEW YORK, NY 10010

TITLE MGR
NAME KELEDJIAN, KHAJAK
STREET ADDRESS 48 WEST 25TH STREET, 11 FL
CITY-ST-ZIP NEW YORK, NY 10010

TITLE MGR
NAME BELL, RODNEY
STREET ADDRESS 48 WEST 25TH STREET, 11 FL
CITY-ST-ZIP NEW YORK, NY 10010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000956993
08/04/08-80005-014 138.75

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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

Haro Kaldjian

Date

Daytime Phone #

7/29/2008 212 741 5075