

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M06000001788**

1. Entity Name

WEST 16 STREET, LLC



Principal Place of Business

2705 CONEY ISLAND AVE.  
BROOKLYN NY 11235

Mailing Address

2705 CONEY ISLAND AVE.  
BROOKLYN NY 11235



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0543833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

2nd MOORE

CR2E083 (4/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZY HOURS MOTEL  
1316 S. OCEAN SHORE BLVD.  
FLAGLER BEACH FL 32136

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME SHMUKLER, PAVEL  
STREET ADDRESS 2705 CONEY ISLAND AVE.  
CITY-ST-ZIP BROOKLYN NY 11235

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000770130  
CITY-ST-ZIP 07/24/07-80006-003 50.00

TITLE MGRM ☐ Delete  
NAME GUREVICH, YLIYA  
STREET ADDRESS 1316 S. OCEAN SHORE BLVD.  
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/17/07 718-769-3000