2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000746

Entity Name: CELLFORCE, LLC

64 GROTON ST.

City-St-Zip: FOREST HILLS, NY 11375

Address:

FILED May 11, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of E	New Principal Place of Business:	
	88TH MANOR ID, FL 33067	7401 WILES ROAD 244	067	
		CORAL SPRINGS, FL 33(067	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	88TH MANOR ID, FL 33067	7401 WILES ROAD 244 CORAL SPRINGS, FL 336	067	
In accordan	: 26-1954752 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent:		Certificate of Status Desired() ew Registered Agent:	
100 W CYI FT. LAUDI The above	POON,MARDER, P.A. PRESS CREEK RD. STE 700 ERDALE, FL US e named entity submits this statement for the of Florida.	e purpose of changing its registered off	ïce or registered agent, or botl	
SIGNATU	RE:			
	Electronic Signature of Registered	\gent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete SAMSON, NOAM 5835 NW 88TH MANOR PARKLAND, FL 33067	Title: () C Name: Address: City-St-Zip:	Change()Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete GHIVONI, ILAN 41-22 JEAN TERRACE FAIRLAWN, NJ 07410	Title: () 0 Name: Address: City-St-Zip:	Change()Addition	
Title: Name:	MGR () Delete EVAN, LIOR	Title: () 0 Name:	Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: NOAM SAMSON MGR 05/11/2009