

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004019

Entity Name: 3400 N. FEDERAL HWY, LLC

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

620 TINTON AVE. STE 200, BLDG B
TINTON FALLS, NJ 07724

New Principal Place of Business:

Current Mailing Address:

620 TINTON AVE. STE 200, BLDG B
TINTON FALLS, NJ 07724

New Mailing Address:

FEI Number: 26-2136998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAVOLA, DAVID
2910 NE 53RD STREET
LIGHTHOUSE POINT, FL 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: FBO JOSEPH C STAVOL, A IV IRREVOCAB L E TRUST
Address: P.O. BOX 482
City-St-Zip: RED BANK, NJ 07701

Title: MGR () Delete
Name: FBO ROBERT W STAVOLA, IRREVOCABLE T R UST
Address: P.O. BOX 482
City-St-Zip: RED BANK, NJ 07701

Title: MGR () Delete
Name: FBO DAVID J STAVOLA, JR. IRREVOCABL E TRUST
Address: P.O. BOX 482
City-St-Zip: RED BANK, NJ 07701

Title: MGR () Delete
Name: FBO MICHELE STAVOLA, IRREVOCABLE TR U ST AGRE
Address: P.O. BOX 482
City-St-Zip: RED BANK, NJ 07701

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:

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: DAVID STAVOLA

MGRM

01/05/2009

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