

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000132434

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** FULLPLATE VENTURES, LLC

**Current Principal Place of Business:**

15 SONNET DRIVE  
EAST GREENWICH, RI 02818

**New Principal Place of Business:**

**Current Mailing Address:**

1521 ALTON ROAD, SUITE 568  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HL STATUTORY AGENT, INC.  
800 LAUREL OAK DRIVE, SUITE 600  
NAPLES, FL 34108 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: MMGR  
Name: HALPERN, GARY B  
Address: 15 SONNET DRIVE  
City-St-Zip: EAST GREENWICH, RI 02818

Title: MMGR  
Name: HALPERN, MINDY S  
Address: 15 SONNET DRIVE  
City-St-Zip: EAST GREENWICH, RI 02818

I hereby 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: GARY B. HALPERN

MMGR

04/23/2012

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