

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000007827

Entity Name: HYPOLUXO CENTER, LLC

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

7136 SOUTH MILITARY TRAIL  
7136-2  
LAKE WORTH, FL 33463 US

## **Current Mailing Address:**

P.O BOX 1365  
BOCA RATON, FL 33496 US

## **New Principal Place of Business:**

9045 LA FONTANA BLVD  
# 218  
BOCA RATON, FL 33434 US

## **New Mailing Address:**

P O BOX 1365  
BOCA RATON, FL 33429

FEI Number: 01-0649433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVY, HYMAN  
7136 SOUTH MILITARY TRAIL  
7136-2  
LAKE WORTH, FL 33463 US

## **Name and Address of New Registered Agent:**

LEVY, HYMAN  
9045 LA FONTANA BLVD  
# 218  
BOCA RATON, FL 33434 US

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: HYMAN LEVY

02/03/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEVY, HYMAN  
Address: 9045 LAFONTANA BLVD., #218  
City-St-Zip: BOCA RATON, FL 33434

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: HYMAN LEVY

MMGR

02/03/2012

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