

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000012888

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** 920 PENN L.L.C.

**Current Principal Place of Business:**

10520 NW 26TH ST  
SUITE C201  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10520 NW 26TH ST  
SUITE C201  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 56-2347119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABANAS & ASSOCIATES, P.A.  
10520 NW 26TH ST  
SUITE C201  
DORAL, FL 33172 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:** MGRM  
**Name:** SPAGNUOLO, LUIGI  
**Address:** 10520 NW 26TH ST SUITE C201  
**City-St-Zip:** DORAL, FL 33172

**Title:** MGRM  
**Name:** SPAGNUOLO, VICENTE  
**Address:** 10520 NW 26TH ST SUITE C201  
**City-St-Zip:** DORAL, FL 33172

**Title:** MGRM  
**Name:** SPAGNUOLO, LUIS A  
**Address:** 10520 NW 26 ST. STE C 201  
**City-St-Zip:** DORAL, FL 33172

**Title:** MGRM  
**Name:** SPAGNUOLO, JOSE D  
**Address:** 10520 NW 26TH STE. C201  
**City-St-Zip:** DORAL, FL 33172

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:** LUIGI SPAGNUOLO

MGRM

04/13/2010

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