

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025932

Entity Name: G3PRA LLC

FILED
Feb 22, 2008
Secretary of State

Current Principal Place of Business:

12684 N WINNERS CIRCLE
THE OCTAGON
DAVIE, FL 33330 US

New Principal Place of Business:

7111 CUTTER COURT
PARKLAND, FL 33067 US

Current Mailing Address:

12684 N WINNERS CIRCLE
THE OCTAGON
DAVIE, FL 33330 US

New Mailing Address:

7111 CUTTER COURT
PARKLAND, FL 33067 US

FEI Number: 20-0135445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDFARB, RONNIE S MGRM
7111 CUTTER COURT
PARKLAND, FL 33067 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 () Delete
Name: GOLDFARB, ADRIAN G MR.
Address: 12684 N WINNERS CIRCLE
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM () Delete
Name: GOLDFARB, RONNIE SUE MRS.
Address: 12684 N WINNERS CIRCLE
City-St-Zip: DAVIE, FL 33330 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOLDFARB, ADRIAN G MR.
Address: 7111 CUTTER COURT
City-St-Zip: PARKLAND, FL 33067 US

Title: MGRM (X) Change () Addition
Name: GOLDFARB, RONNIE SUE MRS.
Address: 7111 CUTTER COURT
City-St-Zip: PARKLAND, FL 33067 US

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: RONNIE SUE GOLDFARB

COO

02/22/2008

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