

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000031482

**FILED**  
**May 20, 2010**  
**Secretary of State**

**Entity Name:** THE PROTOCOL CENTRE LLC

**Current Principal Place of Business:**

2121 PONCE DE LON BLVD.  
SUITE 422  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2645 SOUTH BAYSHORE DR  
SUITE 1902  
MIAMI, FL 33133

**New Mailing Address:**

2121 PONCE DE LON BLVD.  
SUITE 422  
CORAL GABLES, FL 33134

**FEI Number:** 20-1155325      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GALLINAR, PEDRO M  
6701 SUNSET DRIVE, #101  
MIAMI, FL 33143 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:** THE PROTOCOL CENTRE  
**Address:** 2121 PONCE DE LEON BLVD. SUITE 422  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGRM  
**Name:** WEBB, DALE  
**Address:** 2645 SOUTH BAYSHORE DR. #1902  
**City-St-Zip:** MIAMI, FL 33133 US

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: DALE C. WEBB

MGR.

05/20/2010

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