

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045657

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** POROPAT, LLC

**Current Principal Place of Business:**

5944 CORAL RIDGE DRIVE  
209  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

5737 NW 120TH TERRACE  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

5944 CORAL RIDGE DRIVE  
209  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

5737 NW 120TH TERRACE  
CORAL SPRINGS, FL 33076

**FEI Number:** 20-1248565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POROPAT, JOHN N  
5944 CORAL RIDGE DRIVE  
209  
CORAL SPRINGS, FL 33076 US

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

POROPAT, JOHN N  
5737 NW 120TH TERRACE  
CORAL SPRINGS, FL 33076 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: JOHN POROPAT

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: POROPAT, JOHN N  
Address: 5737 NW 120TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN POROPAT

PRES

04/30/2008

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