

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064229

FILED  
May 01, 2008  
Secretary of State

Entity Name: COPLUG GENERAL SERVICES, LLC

## Current Principal Place of Business:

6039 COLLINS AVE SUITE 815  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

1825 PONCE DE LEON BLVD # 147  
CORAL GABLES, FL 33134

## Current Mailing Address:

6039 COLLINS AVE SUITE 815  
MIAMI BEACH, FL 33140

## New Mailing Address:

1825 PONCE DE LEON BLVD # 147  
CORAL GABLES, FL 33134

FEI Number: 87-0732950      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:

BARBA, VIVIAN SUSANA  
6039 COLLINS AVE SUITE 815  
MIAMI BEACH, FL 33140      US

## Name and Address of New Registered Agent:

BARBA, VIVIAN SUSANA  
1825 PONCE DE LEON BLVD #147  
CORAL GABLES, FL 33134      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: JUAN CARLOS MALDONADO

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BARBA, VIVIAN SUSANA  
Address: 6039 COLLINS AVE SUITE 815  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: GARCACANO, ORLANDO  
Address: 6039 COLLINS AVE SUITE 815  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BARBA, VIVIAN SUSANA  
Address: 1825 PONCE DE LEON BLVD. #147  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change ( ) Addition  
Name: GARCACANO, ORLANDO  
Address: 1825 PONCE DE LEON BLVD. #147  
City-St-Zip: CORAL GABLES, FL 33134

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: ORLANDO GARCACANO

MGR

05/01/2008

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