

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064229

FILED
Apr 21, 2009
Secretary of State

Entity Name: COPLUG GENERAL SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

2865 WEST HOLLOW DR #8
HOUSTON, TX 77082

Current Mailing Address:

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

New Mailing Address:

2865 WEST HOLLOW DR #8
HOUSTON, TX 77082

FEI Number: 87-0732950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBA, VIVIAN SUSANA
1825 PONCE DE LEON BLVD #147
CORAL GABLES, FL 33134 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: BARBA, VIVIAN SUSANA
Address: 1825 PONCE DE LEON BLVD. #147
City-St-Zip: CORAL GABLES, FL 33134

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARBA, VIVIAN SUSANA
Address: 2865 WEST HOLLOW DR #8
City-St-Zip: HOUSTON, TX 77082

Title: MGRM (X) Change () Addition
Name: GARCACANO, ORLANDO
Address: 2865 WEST HOLLOW DR #8
City-St-Zip: HOUSTON, TX 77082

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: SUSANA BARBA

MRG

04/21/2009

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