

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077735

Entity Name: G&P COMMERCIAL, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

8234 SW 193 STREET
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

8234 SW 193 STREET
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 20-1803353 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:

ALAM, TONI H
6915 RED ROAD
215-A
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

ALAM, TONI H
2780 SW 37TH AVE
SUITE 207
MIAMI, FL 33133 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: TONI H ALAM

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OBEID, BOUTROS
Address: 8234 SW 193 STREET
City-St-Zip: MIAMI, FL 33157

Title: MGR () Delete
Name: ALAM, TONI H CPA
Address: 6915 RED ROAD, STE 215-A
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ALAM, TONI H CPA
Address: 2780 SW 37TH AVE., SUITE 207
City-St-Zip: MIAMI, FL 33133

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: TONI H ALAM

MGR

05/01/2009

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