

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022658

Entity Name: 3121 PONCE, LLC

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

3109 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

3109 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-2463982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SHERMAN, THOMAS G ESQ
218 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HUTTOE, JACQUELINE
3109 PONCE DE LEON BLVD.
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: JACQUELINE HUTTOE

05/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUTTOE, JACQUELINE
Address: 3109 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: DAHNE, PATRICIA
Address: 3109 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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

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: JACQUELINE HUTTOE

MGR

05/05/2008

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