

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038912

FILED  
May 01, 2007  
Secretary of State

Entity Name: 120, LLC

**Current Principal Place of Business:**

42943 HONEYSUCKLE STREET  
EUSTIS, FL 32736

**New Principal Place of Business:**

**Current Mailing Address:**

42943 HONEYSUCKLE STREET  
EUSTIS, FL 32736

**New Mailing Address:**

FEI Number: 03-0560488      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:**

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

HALEY, ADELLE M  
42943 HONEYSUCKLE ST  
EUSTIS, FL 32736      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HALEY, ADELLE  
Address: 42943 HONEYSUCKLE STREET  
City-St-Zip: EUSTIS, FL 32736

Title: MEMB ( ) Delete  
Name: MATTHEW, ANNELLE  
Address: 6110 ROCKY TRAIL  
City-St-Zip: ORLANDO, FL 32708

Title: MEMB ( ) Delete  
Name: MATTHEW, NEIL  
Address: 6110 ROCKY TRAIL  
City-St-Zip: ORLANDO, FL 32708

Title: MEMB ( ) Delete  
Name: LAFONT, HELEN  
Address: 18942 N 57TH AVE APT 105  
City-St-Zip: HIALEAH, FL 33015

Title: MEMB ( ) Delete  
Name: BAILEY, JAIRZENHO  
Address: BARKING LODGE  
City-St-Zip: ST THOMAS, JA JAMAICA WI

Title: MEMB ( ) Delete  
Name: MENEFE, LANGSTON G SR  
Address: 42943 HONEYSUCKLE ST  
City-St-Zip: EUSTIS, FL 32736

**ADDITIONS/CHANGES:**

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

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

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

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

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: ADELLE M HALEY

MGRM

05/01/2007

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