

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116587

FILED
Apr 07, 2008
Secretary of State

Entity Name: COPPERS, L.L.C.

Current Principal Place of Business:

972 SEVILLA CIRCLE
WESTON, FL 33326

New Principal Place of Business:

478 TALAVERA RD.
WESTON, FL 33326

Current Mailing Address:

972 SEVILLA CIRCLE
WESTON, FL 33326

New Mailing Address:

478 TALAVERA RD.
WESTON, FL 33326

FEI Number: 20-3897233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CPC ACCOUNTING SERVICES
11904 MIRAMAR PKWY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

GARCIA, GUSTAVO A
478 TALAVERA RD
WESTONA, FL 33326 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: GUSTAVO GARCIA

04/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, GUSTAVO
Address: 972 SEVILLA CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: ATENCIO, EUGENIA
Address: 972 SEVILLA CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARCIA, GUSTAVO
Address: 478 TALAVERA RD.
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Change () Addition
Name: ATENCIO, EUGENIA
Address: 478 TALAVERA RD.
City-St-Zip: WESTON, FL 33326

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: GUSTAVO GARCIA

MGRM

04/07/2008

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