

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000003348

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** INTELCONST INVESTMENTS, LLC

**Current Principal Place of Business:**

240 W END DRIVE  
UNIT 1521  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 80-1008  
AVENTURA, FL 33280 US

**New Mailing Address:**

**FEI Number:** 51-0563849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFFMAN LEVY BENGIO & GERBER  
2320 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 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  
Name: COHEN WAXMAN, ARIEL  
Address: PO BOX 80-1008  
City-St-Zip: AVENTURA, FL 33280 US

Title: MGRM  
Name: COHEN WAXSMANN, JOEL  
Address: PO BOX 80-1008  
City-St-Zip: AVENTURA, FL 33280 US

Title: MGRM  
Name: SAPORTA COHEN, ESTHER  
Address: P O BOX 80-1008  
City-St-Zip: AVENTURA, FL 33280 US

I hereby 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: ARIEL COHEN

MGRM

04/08/2010

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