


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90054 043 ***138.75

DOCUMENT # L06000026330	
1. Entity Name FLO 136, L.L.C.	

Principal Place of Business 2875 N.E. 191 STREET SUITE 801 AVENTURA, FL 33180	Mailing Address 2875 N.E. 191 STREET SUITE 801 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 112 Capitol Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Newark DE
Zip	Country U.S.A.



05162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-2626061	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ. 2875 N.E. 191 STREET SUITE 801 AVENTURA, FL 33180	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOTEY, ROBERT L MANAGER 112 CAPITOL TRAIL NEWARK, DE 19711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Bolfi International Inc. E. 53rd St. Marbella, Swiss Bank Building 2nd floor Panama, Republic of Panama <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-16-08

Date

302-944-2000

Daytime Phone #