

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035402

FILED
Feb 06, 2007
Secretary of State

Entity Name: THOMAS PUKEL P.L.

Current Principal Place of Business:

434 ARAGON AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

434 ARAGON AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

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

Name and Address of Current Registered Agent:

SIMMS, JACQUALINE
7059 SW 53 LN
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

SIMMS, JACQUALINE
7059 SW 53 LN
MIAMI, FL 33155 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:

02/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PUKEL, DYLAN
Address: 434 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: THOMAS, ZAMANI
Address: 6429 COWPEN ROAD, S-U 114
City-St-Zip: MIAMI, FL 33014

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 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: /DYLAN PUKEL/

MGMR

02/06/2007

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