

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053506

FILED  
May 04, 2009  
Secretary of State

Entity Name: 1230 GL, LLC

**Current Principal Place of Business:**

1230 GULF BLVD., #606  
CLEARWATER, FL 33767

**New Principal Place of Business:**

18201 COLLINS AVENUE # 3302  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

7441 WAYNE AVENUE  
6N  
MIAMI BEACH, FL 33141

**New Mailing Address:**

18201 COLLINS AVENUE # 3302  
SUNNY ISLES, FL 33160

FEI Number: 20-4957994      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:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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: MR      ( ) Delete  
Name: LOPERA, GUSTAVO A  
Address: 7441 WAYNE AVENUE #6N  
City-St-Zip: MIAMI BEACH, FL 33141 US

**ADDITIONS/CHANGES:**

Title: MR      (X) Change ( ) Addition  
Name: LOPERA, GUSTAVO A  
Address: 18201 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160 US

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 LOPERA

MR

05/04/2009

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