

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000071660

1. Entity Name
124PL, LLC



Principal Place of Business
12448 S.W. 127TH AVE.
MIAMI, FL 33186

Mailing Address
12448 S.W. 127TH AVE.
MIAMI, FL 33186



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5318864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUPFER, PAUL H
5541 UNIVERSITY DRIVE
SUITE 103
CORAL SPRINGS, FL 33067

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FONTE, OMAR 12448 S.W. 127TH AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, GENARO 12448 S.W. 127TH AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDRADE, NATASHA 12448 S.W. 127TH AVE. MIAMI, FL 33186
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01/17/08-80075-022-138.75

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IN THIS SPACE**

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: *May 1 10 68 (35) 969-2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #