

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-07-2007 90218 012 ****50.00

DOCUMENT # L06000094431 1. Entity Name GH NETWORKS, LLC					
Principal Place of Business 10830 SW 113 PLACE MIAMI, FL 33176			Mailing Address 10830 SW 113 PLACE MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box # 10840 SW 113 PL		3. Mailing Address 10840 SW 113 PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-5615120	
Zip 33176		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYN, MARK J 2 SOUTH BISCAYNE BLVD SUITE 2680 MIAMI, FL 33131			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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENBERG, JEFFREY 10830 SW 113 PLACE MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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					

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