

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90009 001 *1,248.75

DOCUMENT # L07000008612

1. Entity Name
9122GR, LLC



Principal Place of Business
9122 GRIFFIN RD.
COOPER CITY, FL 33328

Mailing Address
9122 GRIFFIN RD.
COOPER CITY, FL 33328

30005863



2. Principal Place of Business - No P.O. Box #

9116 Griffin Rd

Suite, Apt. #, etc.

3. Mailing Address

9116 Griffin Road

Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State

Cooper City FL

City & State

Cooper City FL

4. FEI Number

20-8547880

Applied For

Not Applicable

Zip

Country

33328

Zip

Country

33328

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSSMAN, DANIEL
9122 GRIFFIN RD.
COOPER CITY, FL 33328

7. Name and Address of New Registered Agent

Name Grossman Daniel

Street Address (P.O. Box Number is Not Acceptable)

9116 Griffin Rd

City

Cooper City

FL

Zip Code

33328

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GROSSMAN, DANIEL
STREET ADDRESS Y122 GRIFFIN RD.
CITY-ST-ZIP COOPER CITY, FL 33328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Grossman Daniel
STREET ADDRESS 9116 Griffin Rd
CITY-ST-ZIP Cooper City FL 33328 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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

Date

Daytime Phone #

4-18-08

680 7759