

# 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 # L07000008615

1. Entity Name  
9120GR, LLC



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

Mailing Address  
9122 GRIFFIN RD.  
COOPER CITY, FL 33328

30005862



2. Principal Place of Business - No P.O. Box #  
9116 Griffin Rd  
Suite, Apt. #, etc.

3. Mailing Address  
9116 Griffin Rd  
Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State  
Cooper City FL  
Zip 33328 Country

City & State  
Cooper City FL  
Zip 33328 Country

4. FEI Number  
20-8547668

Applied For  
Not Applicable

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 Road

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 9122 GRIFFIN RD.  
CITY-ST-ZIP COOPER CITY, FL 33328

☐ 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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Delete

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NAME  
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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

6807759