

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90223 018 \*\*\*138.75

**DOCUMENT # L07000068733**

1. Entity Name  
COPOMON ENTERPRISES, LLC



Principal Place of Business  
2200 GLADES ROAD, SUITE 107  
GLADES PLAZA NORTH  
BOCA RATON, FL 33431

Mailing Address  
950 PENINSULA CORPORATE CIR  
STE 1008  
BOCA RATON, FL 33487

**60022433**



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

7700 CONGRESS AVE.

Suite, Apt. #, etc.

STE 2201

City & State

BOCA RATON, FL.

Zip

33487

Country

FL

3. Mailing Address

7700 CONGRESS AVE.

Suite, Apt. #, etc.

STE 2201

City & State

BOCA RATON, FL.

Zip

33487

Country

FL

04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-0490711

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPLAN, LAWRENCE A  
1900 CORPORATE BLVD  
STE 400E  
BOCA RATON, FL 33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
COPPOLA, PETER  
101 PLAZA REAL SOUTH  
BOCA RATON, FL 33434 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HOWARD, MELVYN  
3347 N.W. 53RD CIRCLE  
BOCA RATON, FL 33496 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BUCARIO, VITO BIAGE  
21410 TOWNLAKES DRIVE, APT. 932  
BOCA RATON, FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
21546 ST. ANDREWS GRAND CIRCLE  
BOCA RATON, FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SOLOMAN, LARRY  
5419 N.W. 42ND AVENUE  
BOCA RATON, FL 33496 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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  
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:

*Melvin Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-11-08

Date

561-206-6050

Daytime Phone #