

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106056

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** 4PLEX HOLDING LLC

**Current Principal Place of Business:**

2549 NE 191 ST  
N. MIAMI, FL 33180

**New Principal Place of Business:**

2549 NE 191 ST  
NORTH MIAMI, FL 33180 US

**Current Mailing Address:**

17150 N. BAY RD.  
2514  
SUNNY ISLES, FL 33160

**New Mailing Address:**

**FEI Number:** 26-1634468      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALFON, ARIK  
17150 N BAY RD.  
2514  
SUNNY ISLES, FL 33160 US

**Name and Address of New Registered Agent:**

ARS & ASSOCIATES INC  
20810 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180 US

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.

SIGNATURE: ANDREW SOCOL

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PINCHASI, ZION  
Address: 2549 NE 191 ST  
City-St-Zip: N. MIAMI, FL 33180

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ZION PINCHASI

MGRM

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date