

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110240

Entity Name: FL.COM LLC

FILED  
Jun 18, 2009  
Secretary of State

## Current Principal Place of Business:

9851 NW 58 ST., STE. 120  
MIAMI, FL 331782718

## New Principal Place of Business:

6030 N.W. 99 AVENUE  
414  
DORAL, FL 33178 US

## Current Mailing Address:

9851 NW 58 ST., STE. 120  
MIAMI, FL 331782718

## New Mailing Address:

6030 N.W. 99 AVENUE  
414  
DORAL, FL 33178 US

FEI Number: 33-1188222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

POLLER, TULIO C  
3001 S. OCEAN DR. #229  
HOLLYWOOD, FL 33019 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: POLLER, TULIO C  
Address: 3001 S. OCEAN DR. #229  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete  
Name: REAL, ADRIAN  
Address: 5156 NE 4 AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33334

## ADDITIONS/CHANGES:

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

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: TULIO C. POLLER

MGR

06/18/2009

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