

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046701

Entity Name: G.G.P.V. CONECT LLC

FILED
Mar 06, 2009
Secretary of State

Current Principal Place of Business:

5431 NW 72ND AVE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5431 NW 72ND AVE
MIAMI, FL 33166

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD STE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

BENKE, ZSOLT
5431 NW 72ND AVE
MIAMI, FL 33166 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: ZSOLT BENKE

03/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PASZTOR, SZABOLCS A
Address: 5431 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: VAMOS, ESZTER D
Address: 5431 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PASZTOR, SZABOLCS A
Address: 5431 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

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

Title: MGRM () Change (X) Addition
Name: HANYICSKA, TIBOR
Address: 5431 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

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: PASZTOR SZABOLCS

MGRM

03/06/2009

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