

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073147

Entity Name: LPMG PUBLISHING, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

20533 BISCAYNE BLVD. STE 4523
ADVENTURA, FL 33180

New Principal Place of Business:

20533 BISCAYNE BLVD. STE 4523
ADVENTURA, FL 33180

Current Mailing Address:

20533 BISCAYNE BLVD. STE 4523
ADVENTURA, FL 33180

New Mailing Address:

20533 BISCAYNE BLVD. STE 4523
ADVENTURA, FL 33180

FEI Number: FEI Number Applied For (X) 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:

PIERRE-LOUIS, ALEX S
20533 BISCAYNE BLVD. STE 4523
ADVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PIERRE-LOUIS, ALEX S
20533 BISCAYNE BLVD. STE 4523
ADVENTURA, 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: ALEX PIERRE-LOUIS

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIERRE-LOUIS, ALEX S
Address: 20533 BISCAYNE BLVD. STE 4523
City-St-Zip: ADVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIERRE-LOUIS, ALEX S
Address: 20533 BISCAYNE BLVD. STE 4523
City-St-Zip: ADVENTURA, FL 33180

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: ALEX PIERRE-LOUIS

MGRM

05/01/2009

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