

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110540

Entity Name: INFOLAT, LLC

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

5757 COLLINS AVENUE  
APT. 506  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

5757 COLLINS AVENUE  
APT. 506  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

REGISTERED AGENT CORPORATE SERVICES, INC.  
355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 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: INFOPRODUCTIONS, INC.  
Address: 5161 COLLINS AVENUE, APT. 516  
City-St-Zip: MIAMI BEACH, FL 33140 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: INFOPRODUCTIONS, INC.  
Address: 5757 COLLINS AVENUE, APT. 506  
City-St-Zip: MIAMI BEACH, FL 33140 US

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: ANDRES OPPENHEIMER

D

04/21/2009

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