

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111417

FILED
Apr 13, 2009
Secretary of State

Entity Name: IPN - INTELLECTUAL PROPERTY NETWORK, PLLC

Current Principal Place of Business:

1413 SANTA CRUZ AVE.
SUITE IPN
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1413 SANTA CRUZ AVE.
SUITE IPN
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-3841692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTELLECTUAL PROPERTY BUSINESS CONSULTANTS
1413 SANTA CRUZ AVE
SUITE IPBC
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: GOLAB, MARIO S
Address: 1413 SANTA CRUZ AVE, SUITE IPN
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MEMB () Delete
Name: JALIFE, MAURICIO
Address: 31 SE 5TH STREET, APT 201
City-St-Zip: MIAMI, FL 33131

Title: MEMB () Delete
Name: THOMAE, CHRISTIAN
Address: 31 SE 5TH STREET, APT 201
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

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

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: /MARIO S GOLAB/

MGRM

04/13/2009

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