

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113887

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** VOLPE GROUP PALM BEACH LLC

**Current Principal Place of Business:**

1911 NW 150 AVENUE  
#201  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

1911 NW 150 AVENUE  
#201  
PEMBROKE PINES, FL 33028 US

**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:**

PETER M. LOPEZ, P.A.  
1911 NW 150 AVENUE  
201  
PEMBROKE PINES, FL 33028 US

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

PETER M. LOPEZ, P.A.  
1911 NW 150 AVENUE  
# 201  
PEMBROKE PINES, FL 33028 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: \_\_\_\_\_

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VOLPE, FRANCISCO  
Address: 1911 NW 150 AVENUE, SUITE 201  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

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: FRANCISCO VOLPE

MGR

04/28/2009

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