

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020755

Entity Name: ILAT LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

36 NE 1 ST  
835  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

36 NE 1 ST  
835  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 80-0360418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHOCRON, SALOMON  
3400 NE 192 ST  
1005  
AVENTURA, FL 33180 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: P  
Name: CHOCRON, SALOMON  
Address: 3400 NE 192 ST - APT 1005  
City-St-Zip: AVENTURA, FL 33180

Title: VP  
Name: CHOCRON, DENISE  
Address: 36 NE 1 ST, STE. 835  
City-St-Zip: MIAMI, FL 33132

I hereby 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: SALOMON CHOCRON

MGR

04/30/2012

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