

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101796

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** INVEST-POL, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

19900 E. COUNTRY CLUB DR.  
TOWER SUITE 12  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19900 E. COUNTRY CLUB DR.  
TOWER SUITE 12  
AVENTURA, FL 33180

**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:**

PRZEZPOLEWSKI, JAN  
19900 E. COUNTRY CLUB DR.  
TOWER SUITE 12  
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: MGR  
Name: PRZEZPOLEWSKI, JAN  
Address: 19900 E. COUNTRY CLUB DR. TOWER SUITE 12  
City-St-Zip: AVENTURA, FL 33180

Title: MGR  
Name: PRZEZPOLEWSKI, MAREK  
Address: 19900 E. COUNTRY CLUB DR. TOWER SUITE 12  
City-St-Zip: AVENTURA, FL 33180

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: JAN PRZEZPOLEWSKI                      MGR                      02/17/2010

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