

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000067206

Entity Name: 110 CPS FLORIDA LLC

**FILED**  
**Aug 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1331 BRICKELL BAY DRIVE  
APT. 701  
MIAMI, FL 33131

## **New Principal Place of Business:**

1101 WASHINGTON AVENUE  
UNIT PH 5  
PHILADELPHIA, PA 19147

## **Current Mailing Address:**

1331 BRICKELL BAY DRIVE  
APT. 701  
MIAMI, FL 33131

## **New Mailing Address:**

1101 WASHINGTON AVENUE  
UNIT PH 5  
PHILADELPHIA, PA 19147

FEI Number: 27-3040486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARON, ADAM M  
1331 BRICKELL BAY DRIVE  
701  
MIAMI, FL 33131 US

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

MATTHEWS, JOSEPH M  
COLSON HICKS  
255 ARAGON AVENUE  
CORAL GABLES, FL 33134 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: JOSEPH MATTHEWS

08/27/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ARON, ADAM M  
Address: 1101 WASHINGTON AVENUE PH5  
City-St-Zip: PHILADELPHIA, PA 19147

Title: MGR  
Name: ARON, ABBE KAHN  
Address: 110 CENTRAL PARK SOUTH APT 4B  
City-St-Zip: NEW YORK, NY 10019

Title: SCC  
Name: MATTHEWS, JOSEPH M  
Address: COLSON HICKS 255 ARAGON AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: ADAM M. ARON

MGR

08/27/2012

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