

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110835

Entity Name: INFINITY ONE LLC

FILED  
Sep 05, 2012  
Secretary of State

## Current Principal Place of Business:

123 NORTHWEST 13TH STREET, SUITE 202  
BOCA RATON, FL 33487

## New Principal Place of Business:

5301 N. FEDERAL HIGHWAY  
215  
BOCA RATON, FL 33487

## Current Mailing Address:

123 NORTHWEST 13TH STREET, SUITE 202  
BOCA RATON, FL 33487

## New Mailing Address:

5301 N. FEDERAL HIGHWAY  
215  
BOCA RATON, FL 33487

FEI Number: 45-3508732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: HIRSCHKORN, MICHAEL  
Address: 5301 N. FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR  
Name: OGINSKI, RONALD J  
Address: 5301 N. FEDERAL HIGHWAY SUITE#215  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR  
Name: BERGER, EVAN H  
Address: 5301 N. FEDERAL HIGHWAY SUITE#215  
City-St-Zip: BOCA RATON, FL 33487

Title: S  
Name: BERGER, EVAN H  
Address: 5301 N. FEDERAL HIGHWAY SUITE#215  
City-St-Zip: BOCA RATON, FL 33487

Title: T  
Name: OGINSKI, RONALD J  
Address: 5301 N. FEDERAL HIGHWAY SUITE#215  
City-St-Zip: BOCA RATON, FL 33487

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: MICHAEL HIRSCHKORN

MGR

09/05/2012

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