

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000149403

Entity Name: LLP PARENT, INC.

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

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

17900 NW 5TH ST  
STE. #201  
PEMBROKE PINES, FL 33029

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

17900 NW 5TH ST  
STE. #203-B  
PEMBROKE PINES, FL 33029

## **Current Mailing Address:**

17900 NW 5TH ST  
STE. #201  
PEMBROKE PINES, FL 33029

## **New Mailing Address:**

17900 NW 5TH ST  
STE. #203-B  
PEMBROKE PINES, FL 33029

FEI Number: 37-1550081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTILLO, SIXTA  
17900 NW 5TH ST  
STE. #201  
PEMBROKE PINES, FL 33029 US

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

CASTILLO, SIXTA  
17900 NW 5TH ST  
STE. #203-B  
PEMBROKE PINES, FL 33029 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: SIXTA CASTELLANOS

04/10/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PST  
Name: CASTILLO, SIXTA  
Address: 17900 NW 5TH ST., STE. 203-B  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SIXTA CASTILLO

PST

04/10/2012

Electronic Signature of Signing Officer or Director

Date