


2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAR 20 PM 2:40

DOCUMENT # L07000044862 1. Entity Name GENERAL VOIP LLC	
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Principal Place of Business 440 W 11TH ST APT. 9 HIALEAH, FL 33010 US	Mailing Address 440 W 11TH ST APT. 9 HIALEAH, FL 33010 US
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100225860111
03/21/12--01020--018 **138.75



2. Principal Place of Business - No P.O. Box # 7950 NW 53 ST Suite, Apt. #, etc. SUITE 337 City & State MIAMI FLORIDA Zip 33166 Country USA	3. Mailing Address 7950 NW 53 ST Suite, Apt. #, etc. SUITE 337 City & State MIAMI FLORIDA Zip 33166 Country USA
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03132012 Chg-LLC CR2E083 (12/11)

4. FEI Number 26-3828891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CABANILLAS, MIRYAN 440 W 11TH ST APT. 9 HIALEAH, FL 33010	7. Name and Address of New Registered Agent Name OFFIX SOLUTIONS LLC Street Address (P.O. Box Number is Not Acceptable) 7950 NW 53 ST SUITE 337 City MIAMI FL Zip Code 33166
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jonathan Aserraf* **JONATHAN ASERRAF** DATE **3/19/12**

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2012 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABANILLAS, ALFREDO		NAME	ECHAVARRIA, GLORIA	
STREET ADDRESS	JUAN DEL CARPIO #104 APT 2		STREET ADDRESS	7950 NW 53 ST SUITE 337	
CITY- ST- ZIP	LIMA, 27 PERU.		CITY- ST- ZIP	MIAMI FL 33166	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAAD, SIMON S		NAME	SAAD, SIMON S	
STREET ADDRESS	FRANCISCO DIAZ COVARRUBIASNO 74 INT 401B		STREET ADDRESS	7950 NW 53 ST SUITE 337	
CITY- ST- ZIP	DISTRITO FEDERAL 06470 MEXIC.		CITY- ST- ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Simon Saad* **SIMON SAAD** DATE **3/19/12** E-MAIL ADDRESS **JAC@OFFIXSOLUTIONS.COM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE E-MAIL ADDRESS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 MAR 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 13, 2012

JONATHAN ASERRAF
7950 NW 53RD ST
MIAMI, FL 33166

SUBJECT: GENERAL VOIP LLC
Ref. Number: L07000044862

We have received your document for GENERAL VOIP LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00009215