

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017565

**FILED**  
**Apr 05, 2007**  
**Secretary of State**

**Entity Name:** SONITROL OF FT. LAUDERDALE, LLC

**Current Principal Place of Business:**

1770 NW 64 STREET.  
SUITE #630  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1170 NW 64 STREET  
SUITE #630  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-1149800      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PIERCE, ROBERT A  
227 SOUTH CALHOUN ST.  
TALLAHASSEE, FL 32301      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: MGRM      ( ) Delete  
Name: SMITH, DOUG  
Address: 1136 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: P      ( ) Delete  
Name: RAY, JOHN  
Address: 1770 NW 64TH ST, SUITE 630  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN RAY

P

04/05/2007

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