

**FILED**  
**Sep 27, 2004 08:00**  
**Secretary of Stat**

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000004992**

1. Entity Name  
**INSTALTRONIC LLC**



Principal Place of Business  
**CALLE 2 NRO. 366 (39 Y 40)  
LA PLATA, 1900 AR**

Mailing Address  
**CALLE 2 NRO. 366 (39 Y 40)  
LA PLATA, 1900 AR**



09202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**48-0374778**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BIRNBACH, NINA R  
10651 NE 11TH CT.  
MIAMI SHORES, FL 33138**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

U00000172525  
09/27/04-80002-012-50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CITARELLA, JULIO  
CALLE 35, NRO 916 (13 Y 14)  
LA PLATA, BA 1900**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/27/04