FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90116 019 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018792

1. Entity Name
DIME LIGHT BULB LLC

Principal Place of Business	Mailing Address
15201 WILSHIRE WAY PEMBROKE PINES, FL 33027 US	15201 WILSHIRE WAY PEMBROKE PINES, FL 33027 US

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
15201 Wilshire Way	Same as 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines FL	City & State
Zip: 33027 Country: Broward	Zip: 33027 Country

4. FEI Number: 90-0150177 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALPERN, WARREN E
15201 WILSHIRE WAY
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Warren Alpern 15201 Wilshire Way Pembroke Pines, FL 33027 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Warren E. Alpern 4/28/05 954-591-9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #