

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056183

FILED
Mar 09, 2009
Secretary of State

Entity Name: BONGIOVI ACOUSTICS DISTRIBUTION LLC

Current Principal Place of Business:

649 S.W. WHITMORE DRIVE
PORT ST. LUCIE, FL 34980

New Principal Place of Business:

Current Mailing Address:

649 S.W. WHITMORE DRIVE
PORT ST. LUCIE, FL 34980

New Mailing Address:

FEI Number: 90-0350010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BLVD.,
SUITE 301
CORAL GABLES, FL 33134 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: MGR () Delete
Name: SIMMONS, RONALD E
Address: 649 S.W.WHITMORE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 349804

Title: MGR () Delete
Name: BUTERA, JOESPH
Address: 649 S.W.WHITMORE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 349804

Title: MGR () Delete
Name: LAZIN, STEVE
Address: 649 S.W. WHITMORE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 349804

ADDITIONS/CHANGES:

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

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 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: JOSEPH G BUTERA JR

MGR

03/09/2009

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