

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101877

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** SIGNAL TECHNOLOGIES, LLC

**Current Principal Place of Business:**

215 S. OLIVE AVENUE, SUITE 201  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

1030, US 1,  
SUITE # 302  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

215 S. OLIVE AVENUE, SUITE 201  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

1030, US 1  
SUITE # 302  
NORTH PALM BEACH, FL 33408

FEI Number: 26-3643080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARROZZA, PHILIP  
215 S. OLIVE AVENUE, SUITE 201  
WEST PALM BEACH, FL 33401 US

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

CARROZZA, PHILIP  
1030, US 1  
SUITE # 302  
NORTH PALM BEACH, FL 33408 US

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:

04/12/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARROZZA, PHILIP  
Address: 1030, US 1, SUITE # 302,  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM  
Name: KUPPE, LORAIN  
Address: 1030, US 1, SUITE # 302,  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby 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: PHILIP CARROZZA

MGRM

04/12/2011

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