

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DIVISION OF CORPORATIONS

11 JUN -1 PM 3:33

DOCUMENT

1. Entity Name **DMNI Displays LLC.**
(L01000009902)



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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

15261 Telcom dr.

Suite, Apt. #, ect.

Suite, Apt. #, ect.

CR2E083B (1/11)

City & State

City & State

BROOKSVILLE FL 3

4. FEI Number

522326060

Applied For

Not Applicable

Zip 34604

Country USA

Zip 34604

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

CHRISTINE JARQUE

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

15261 TELCOM DR.

City

BROOKSVILLE

FL

Zip Code

34604

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

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

greg@dmnicircuits.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE	Pres. Greg Jarque
NAME	
STREET ADDRESS	15261 Telcom dr.
CITY-ST-ZIP	BROOKSVILLE FL 34604
TITLE	MGR Christine Jarque
NAME	
STREET ADDRESS	15261 Telcom dr.
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

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05/12/11--01004--011 **150.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

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

Date

Daytime Phone#

5-20-11 352 799-9997

B Tadlock JUN 02 2011