DOCUMENT# L07000056183

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: BONGIOVI ACOUSTICS DISTRIBUTION LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 90-0350010

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES 2199 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

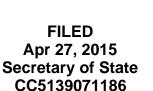
| Title | MGR | Title | MGR |
|----------------|---------------------------|-----------------|-------------------------|
| Name | SIMMONS, RONALD E | Name | BUTERA, JOSEPH G JR |
| Address | 649 S.W.WHITMORE DRIVE | Address | 649 S.W.WHITMORE DRIVE |
| City-State-Zip | : PORT ST. LUCIE FL 34984 | City-State-Zip: | PORT ST. LUCIE FL 34984 |
| | | | |
| Title | MGR | | |
| Name | LAZIN, STEVE | | |
| Address | 649 S.W. WHITMORE DRIVE | | |
| City-State-Zip | : PORT ST. LUCIE FL 34984 | | |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH G BUTERA JR

MGR

Electronic Signature of Signing Authorized Person(s) Detail



Date

Date