

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000011595

**Entity Name:** IRCAMERAS LLC

**Current Principal Place of Business:**

3000 TAFT STREET  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3000 TAFT STREET  
HOLLYWOOD, FL 33021

**FEI Number: 27-4686945**

**Certificate of Status Desired: No**

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

PALLOT, JOSEPH W  
825 BRICKELL BAY DRIVE  
SUITE 1644  
MIAMI, FL 33131 US

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC2223464745**

*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

**Authorized Person(s) Detail :**

Title T  
Name MACAU JR., CARLOS L  
Address 3000 TAFT STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY  
Name VETTER, JUDITH W  
Address 825 BRICKELL BAY DRIVE #1643  
MIAMI, FL  
City-State-Zip: 33131 FL 33131

Title GENERAL MANAGER  
Name MOORE, JOHN  
Address 30 S. CALLE CESAR CHAVEZ  
SUITE D  
City-State-Zip: SANTA BARBARA CA 93103

Title P  
Name MCHUGH, STEPHEN  
Address 30 SOUTH CALLE CESAR CHAVEZ, #D  
City-State-Zip: SANTA BARBARA CA 93103

Title ASST. SECRETARY  
Name LETENDRE, ELIZABETH R  
Address 3000 TAFT STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title CFO  
Name DZIERSKI, MIKE  
Address 30 S. CALLE CESAR CHAVEZ  
SUITE D  
City-State-Zip: SANTA BARBARA CA 93103

*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: CARLOS L. MACAU JR.**

**DIRECTOR**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date