

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90361 004 ****50.00

DOCUMENT # L01000012494					
1. Entity Name SATELLITECH, LLC					
Principal Place of Business 1948 NE 123 ST, #101 MIAMI, FL 33181			Mailing Address PO BOX 547005 SURFSIDE, FL 33154		
2. Principal Place of Business - No P.O. Box # 8859 GARLAND AVE			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State SURFSIDE, FL			City & State		
Zip 33154		Country USA		4. FEI Number 65-1128182	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PAONESSA, LOURDES 1948 NE 123RD STREET SUITE 101 NORTH MIAMI, FL 33181				7. Name and Address of New Registered Agent Name: PAONESSA, LOURDES Street Address (P.O. Box Number is Not Acceptable): 8859 GARLAND AVE. City: SURFSIDE FL Zip Code: 33154	
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: <i>[Signature]</i> DATE: 04/30/07 Signature, typed or printed name of registered agent and both applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONESSA, LOURDES 1948 NE 123RD ST, STE 101 NORTH MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONESSA, LOURDES 8859 GARLAND AVE. SURFSIDE, FL 33154	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERBOV, JORGE II 1948 NE 123RD ST, STE 101 NORTH MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERBOV II, JORGE 8859 GARLAND AVE. SURFSIDE, FL 33154	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			04/30/07 305) 9818 400 Date Daytime Phone #		