

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019763

Entity Name: I.D.T. LLC

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

916 NW 167 AVENUE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

916 NW 167 AVENUE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

916 NW 167 AVENUE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 65-1152636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAVAREZ, LISSET  
7128 NW 50TH STREET  
MIAMI, FL 33166 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MONTUFAR, JUAN PIO  
Address: 916 NW 167 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM  
Name: GARCES, AMALIA  
Address: 916 NW 167 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: MONTUFAR, JUAN PIO

MGRM

05/01/2011

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