


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90034 030 \*\*\*\*50.00


<b>DOCUMENT # L02000001974</b>	
1. Entity Name <b>OPTIMUX CONTROLS, L.L.C.</b>	

Principal Place of Business <b>3884 NE 124TH AVE CORAL SPRINGS, FL 33065</b>	Mailing Address <b>3884 NE 124TH AVE CORAL SPRINGS, FL 33065</b>
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2. Principal Place of Business - No P.O. Box # <b>12461 NW 44<sup>th</sup> Street</b>	3. Mailing Address <b>12461 NW 44<sup>th</sup> Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Springs, FL</b>	City & State <b>Coral Springs, FL</b>
Zip <b>33065</b>	Zip <b>33065</b>
Country	Country

**20005753**



01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>01-0623016</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SCULLY, DAVID M 1323 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33316</b>	
7. Name and Address of New Registered Agent Name <b>Conesa, Jaime</b> Street Address (P.O. Box Number is Not Acceptable) <b>12461 NW 44<sup>th</sup> Street</b> <b>Coral Springs</b> City <b>FL</b> Zip Code <b>33065</b>	

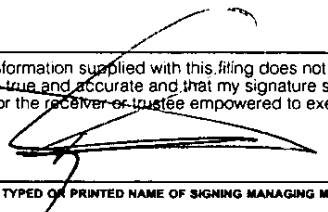
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR CONESA, JAIME 1860 NW 124TH WAY CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **1/24/07 NY 277 8353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #