

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/21

FILED
Feb 13, 2003 8:00 am
Secretary of State

01-21-2003 90314 021 ****50.00

DOCUMENT # L02000001974

1. Entity Name

OPTIMUX CONTROLS, L.L.C.



Principal Place of Business

Mailing Address

1860 NW 124TH WAY
CORAL SPRINGS FL 33071

1860 NW 124TH WAY
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

3884 NW 124th Ave

3884 NW 124th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS, FL

Zip **FL 33065**

Country **USA**

Zip **33065**

Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCULLY, DAVID M
1323 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
NAME **DAVID J. CONESA**
STREET ADDRESS **1860 NW 124th Way**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)