

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020151

Entity Name: DECONETWORKS, LLC

FILED  
May 04, 2007  
Secretary of State

**Current Principal Place of Business:**

1229 CASTILE AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1250 MENDAVIA AVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1825 PONCE DE LEON BLVD #448  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 11-3678379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CASEY, JAMES C ESQ.  
C/O LAW OFFICES OF SLESNICK & CASEY  
2701 PONCE DE LEON BLVD, SUITE 200  
CORAL GABLES, FL 33134 US

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: MGR ( ) Delete  
Name: SLESNICK, DONALD D III  
Address: 1229 CASTILE AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SLESNICK, DONALD D III  
Address: 1250 MENDAVIA AVE  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DONALD D. SLESNICK III

MGR

05/04/2007

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