

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90089 006 ***138.75

DOCUMENT # L02000029980

1. Entity Name
PIANO FORCE LLC



Principal Place of Business
**11146 OSPREY LAKE LANE
WEST PALM BEACH, FL 33412**

Mailing Address
**11146 OSPREY LAKE LANE
WEST PALM BEACH, FL 33412**

50007266



04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0492213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEKETE, BARNABAS
11146 OSPREY LAKE LN
WEST PALM BEACH, FL 33412**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FEKETE, BARNABAS
11146 OSPREY LAKE LANE
WEST PALM BEACH, FL 33412**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MIROSLAV, PILARIK
JELSOVA 5,
83101 BRATISLAVA, SLOVAK REP,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
THOMAS, ELGER
AM PFANDERLING 62
85778 HEIMHAUSEN, GERMANY,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STEFEK, PAVOL
VILOVA 9
BRATISLAVA, SLOVAK REP, 85102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

06/15/08