

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000030027

1. Entity Name
ALLIED PRODUCT & DEVELOPMENT, LLC



Principal Place of Business
**796 S MILITARY TRAIL
DEERFIELD BEACH, FL 33442**

Mailing Address
**796 S MILITARY TRAIL
DEERFIELD BEACH, FL 33442**



07102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1143685

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRAVETS, MARC
796 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442**

**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 _____

**Filing Fee is \$80.00
Due by September 8, 2006**

U000000569852
07/13/06-80005-021 50.00

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALLIED COMMUNICATIONS CORPORATION 796 S MILITARY TRL DEERFIELD BEACH, FL 33442 |
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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 #

7/11/06 954-725-4200