

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034676

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** COMPONENT SYSTEMS, LLC

**Current Principal Place of Business:**

5611 EAST CHELSEA  
#E  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2196  
SEFFNER, FL 33584 US

**New Mailing Address:**

PO BOX 430  
VALRICO, FL 33595 US

**FEI Number:** 57-1157470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMING, MELISSA D  
4008 N SEMINOLE AVE  
TAMPA, FL 33603 US

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

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: MGRM ( ) Delete  
Name: DEMING, DONALD C MR  
Address: 3411 LAKE BUFFUM ROAD EAST  
City-St-Zip: FORT MEADE, FL 33841

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEMING, DONALD C MR  
Address: 1900 CAPRI ROAD  
City-St-Zip: VALRICO, FL 33594

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 DEMING

MGRM

04/16/2009

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