

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-30-2004 90066 038 ****50.00

DOCUMENT # L03000002726

1. Entry Name
DEKA LASER TECHNOLOGIES, LLC



34006489

Principal Place of Business
**888 EAST LAS OLAS BLVD., STE. 700
FORT LAUDERDALE, FL 33301**

Mailing Address
**888 EAST LAS OLAS BLVD., STE. 700
FORT LAUDERDALE, FL 33301**



2. Principal Place of Business
4101 Ravenswood Road

3. Mailing Address
4101 Ravenswood Road

Suite, Apt. #, etc.
Suite # 109

Suite, Apt. #, etc.
Suite # 109

02122004 Chg-LLC CR2E083 (10/03)

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
820588374

Applied For
☐ Not Applicable

Zip
33312-5371

Country
USA

Zip
33312-5371

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEINSTEIN, MICHAEL L ESQ
888 EAST LAS OLAS BLVD., STE. 700
FORT LAUDERDALE, FL 33301**

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING PARTNER** ☐ Delete
NAME **CHRISTOPH M. JUSTEN**
STREET ADDRESS **4101 Ravenswood Rd #109**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312-5371**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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: **Christoph M. Justen**

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

28/4/04

Date

954.585.6000

Daytime Phone #