2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90182 034 ****50.00

DOCUMENT # L03000021785

1. Entity Name
R & S ELECTRONICS LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
761 S. KIRKMAN RD. ORLANDO, FL 32811	761 S. KIRKMAN RD. ORLANDO, FL 32811

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02262004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 54-2111324 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NAIK, SUKETU
761 S. KIRKMAN RD.
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name: JASON L. CAVANZO
Street Address (P.O. Box Number is Not Acceptable): 761 S. KIRKMAN RD.
City: ORLANDO FL Zip Code: 32811

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] JASON L. CAVANZO 2/26/04
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	TITLE	MANAGING PARTNER	☐ Change ☒ Addition
NAME	SUKETU NAIK		NAME	JOHN S. HONEY, JR.	
STREET ADDRESS	761 S. KIRKMAN RD.		STREET ADDRESS	228 E. HORNBEAM DR.	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	MEMBER	☒ Delete	TITLE	MANAGING PARTNER	☐ Change ☒ Addition
NAME	NARAIN RAJESH		NAME	JASON L. CAVANZO	
STREET ADDRESS	761 S. KIRKMAN RD.		STREET ADDRESS	761 S. KIRKMAN RD.	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] - JOHN S. HONEY, JR. 2/26/04 407-461-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #