

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90080 046 ****50.00

DOCUMENT # L03000026419

1. Entity Name
BYT, LLC



Principal Place of Business
8210 PINES BLVD.
PEMBROKE PINES, FL 33024 US

Mailing Address
8210 PINES BLVD.
PEMBROKE PINES, FL 33024 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
16-1678073

Applied For
Not Applicable

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

FERNANDEZ, RAFAEL J
4143 SW 74 COURT, STE. C
MIAMI, FL 33155

Name Rafael J. Fernandez, CPA PA
Street Address (P.O. Box Number is Not Acceptable) 10737 SW 104 Street
City miami **FL** **Zip Code** 33176

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 Rafael J. Fernandez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/05
DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BENITEZ, SILVANA G
STREET ADDRESS 5070 SW 163 AVENUE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE MGR ☐ Change ☒ Addition
NAME Benitez, Silvana G
STREET ADDRESS 8210 Pines Blvd.
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE MGR ☐ Delete
NAME TOMBEUR, EDUARDO A
STREET ADDRESS 5070 SW 163 AVENUE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE MGR ☐ Change ☒ Addition
NAME Tombeur, Eduardo A.
STREET ADDRESS 8210 Pines Blvd.
CITY-ST-ZIP Pembroke Pines, FL 33027

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Silvano Benitez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-20-2005
Date

Daytime Phone #