

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

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



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

FERNANDEZ CPA, RAFAEL J PA
10737 SW 104 STREET
MIAMI, FL 33176

**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 \$50.00
Due by May 1, 2007**

U00000724286
05/02/07-80106-010 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------|
| TITLE | MGR |
| NAME | BENITEZ, SILVANA G |
| STREET ADDRESS | 8210 PINES BLVD. |
| CITY-ST-ZIP | MIRAMAR, FL 33027 |
| TITLE | MGR |
| NAME | TOMBEUR, EDUARDO A |
| STREET ADDRESS | 8210 PINES BLVD. |
| CITY-ST-ZIP | MIRAMAR, FL 33027 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
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:

Silvana Benitez

03-14-2007

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

Date

Daytime Phone #