

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030444

1. Entity Name

AMERICAN TELEMETRY, LLC



Principal Place of Business

6701 HANLEY ROAD
TAMPA FL 33634

Mailing Address

P.O. BOX 24282
TAMPA FL 33622



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/04)

4. FEI Number

32-0089520

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

AYLWARD, ROBERT E
600 S. MAGNOLIA AVENUE, SUITE 100
TAMPA FL 33606

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE D ☐ Delete
NAME BLANCO, RAFAEL
STREET ADDRESS 4301 N. HABANA, SUITE 1
CITY-STATE-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000284581
04/02/05-80010-017-50.00

TITLE D ☐ Delete
NAME CANEDO, MARIO
STREET ADDRESS 14601 ANCHORET ROAD
CITY-STATE-ZIP TAMPA FL 33624

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

TITLE D ☐ Delete
NAME CISNEROS, FRANK
STREET ADDRESS 4918 LYFORD CAY ROAD
CITY-STATE-ZIP TAMPA FL 33629

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

TITLE D ☐ Delete
NAME INGA, JORGE J
STREET ADDRESS 6701 HANLEY ROAD
CITY-STATE-ZIP TAMPA FL 33629

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

TITLE D ☐ Delete
NAME LEON, GUILLERMO
STREET ADDRESS 18605 AVENUE CAPRI
CITY-STATE-ZIP LUTZ FL 33558

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

TITLE D ☐ Delete
NAME MENEDEZ, LUIS
STREET ADDRESS 2613 N. DUNDEE STREET
CITY-STATE-ZIP TAMPA FL 33629

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/28/05 813-2201861

Daytime Phone #