

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90039 046 ****50.00

DOCUMENT # L03000049399

1. Entity Name
ACCESS SOUND SYSTEM LLC



Principal Place of Business
**3929 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US**

Mailing Address
**3929 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
90-0158307

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BREIT, RICHARD H
150 NORTH UNIVERSITY DRIVE
SUITE 200
PLANTATION, FL 33324**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SEIDLER, JEROME
3929 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: _____

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

2/6/06 3054432322

Date

Daytime Phone #