

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90015 025 \*\*\*\*50.00

**DOCUMENT # L04000002317**

1. Entity Name  
**IMPERVATRON, LLC**



Principal Place of Business  
**449 POICIANA BLVD  
HALLANDALE, FL 33009**

Mailing Address  
**449 POICIANA BLVD  
HALLANDALE, FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**582683344**

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

**LANGONE, MICHAEL  
449 POICIANA BLVD.  
HALLANDALE, FL 33009**

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]*

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

(NOTE: Registered Agent signature required when resigning)

DATE

**4-8-05**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
LANGONE, MICHAEL  
449 POICIANA BLVD.  
HALLANDALE, FL 33009**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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]* **5-18-05**

**30006996**

