# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

**FILED**
**Apr 12, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000002317

1. Entity Name
IMPERVATRON, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 449 POICIANA BLVD.<br>HALLANDALE, FL 33009 | 449 POICIANA BLVD.<br>HALLANDALE, FL 33009 |

DO NOT WRITE IN THIS SPACE

04042006No Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2683344
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANGONE, MICHAEL
449 POICIANA BLVD.
HALLANDALE, FL 33009

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

U00000004993
04/26/06-80093-023 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | LANGONE, MICHAEL |
| STREET ADDRESS | 449 POICIANA BLVD. |
| CITY-ST-ZIP | HALLANDALE, FL 33009 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| 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:** Michael Langone 4/10/06 (954)-9201230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #