2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT Mar 13, 2006 8:00 am **DOCUMENT # L04000064996 Secretary of State** 03-13-2006 90351 032 ****55.00 **BAND DASSEMBLY LLC** Principal Place of Business Mailing Address 2303 MONTANOSTIFEET 2303 MONTANOSTREET **DB_TONA FL 32738 DELTONA FL. 32738** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 11-3729218 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired M. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLMANN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2303 MONTANO STREET DELTONA, FL 32738 City 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM TITLE TITLE Addition ☐ Delete ☐ Change 5 R. NAME KELLMANN, ROBERT woulfe, Keyin NAME 771 E magnolia Ave STREET ADDRESS 2303 MONTANO STREET STREET ADDRESS 32750 CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP Longwood **MGRM** TITLE Delete TITLE ☐ Addition ☐ Change KORFMACHER, DONALD NAME NAME STREET ADDRESS 2381 WEATHERFORD DRIVE STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DDF ☐ Change ☐ Addition NAME NAME

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.

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SIGNATURE:

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NAME

CHATURE AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, MANAGER, OR MATHORIZED REPRESENTATIVE

Delete

2/24/6

(386) 574-9222

☐ Change

■ Addition

FILED

Daytime Phone (

200 15019 # L04000064990

Deletion

MGRM Don Korfmacher 2381 Weatherford Drive Deltona, FL. 32738

New Addition,

MGRM Kevin Woulfe Sr. 771 E. Magnolia Ave. Longwood, FL. 32750