

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90043 033 ****50.00

DOCUMENT # L05000013207

1. Entity Name
CELL BYTES LLC



Principal Place of Business

**19220 SW 39TH COURT
MIRAMAR, FL 33029**

Mailing Address

**19220 SW 39TH COURT
MIRAMAR, FL 33029**

2. Principal Place of Business

10123 Southern Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Zip

33411

Country

USA

Zip

Country

07032006

Chg-LLC

CR2E083 (11/05)

valid FEI #

4. FEI Number

20-2299019

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DHANJI, NEENA M
6365 COLLINS AVENUE
#2004
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name **Dhanji, Neena M**

Street Address (P.O. Box Number is Not Acceptable)

1437 LongMeadow Way

City

Windermere

FL

Zip Code

34786

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 **Neena M Dhanji**

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

(NOTE: Registered Agent signature required when resigning)

07/01/2006

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DHANJI, AMIRALI R**
STREET ADDRESS **6365 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **MGRM** ☐ Delete
NAME **HEMANI, FARID A**
STREET ADDRESS **19220 SW 39TH COURT**
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **DHANJI, AMIRALI R**
STREET ADDRESS **1437 LONGMEADOW WAY**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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]

FARID HEMANI, MGRM

07/01/2006

(786) 246-5231

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

Date

Daytime Phone #