2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000015552

1. Entity Name
MEGAPIXELPRO LLC

Principal Place of Business
9742 DOGWOOD RIDGE RUN
ORLANDO, FL 32829

Mailing Address
9742 DOGWOOD RIDGE RUN
ORLANDO, FL 32829

02082007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2451557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUSTOE, JODI K ESQUIRE
COX & ROUSE, P.A.
240 LOOKOUT PLACE
MAITLAND, FL 32751

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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 _____
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SWEENEY, DANIEL
STREET ADDRESS	9742 DOGWOOD RIDGE RUN
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	MGRM
NAME	DE ARMAS, ADALBERTO
STREET ADDRESS	9742 DOGWOOD RIDGE RUN
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	MGRM
NAME	SWEENEY, TRICIA
STREET ADDRESS	9742 DOGWOOD RIDGE RUN
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	MGRM
NAME	DE ARMAS, KELLIE
STREET ADDRESS	9742 DOGWOOD RIDGE RUN
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80106-004 50.00

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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] DANIEL SWEENEY 2/9/07 407-277-7568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #