2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042476

1. Entity Name TALLY LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

% QUIET TECHNOLOGY AEROSPACE, INC. 12845 NW 45TH AVENUE OPA LOCKA, FL 33054 % QUIET TECHNOLOGY AEROSPACE, INC. 12845 NW 45TH AVENUE OPA LOCKA, FL 33054



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 75-3214296	Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000926678 05/20/08-80076-003 138.75

9. MANAG	GING MEMBERS/MANAGERS	a had a had a had a had
IIILE MGR NAME POLANY, JEROME STREET ADDRESS 5959 COLLINS AVE & CITY-ST-ZIP MIAMI BEACH, FL 33		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/08

786-853-9667

Daytime Phone