

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000044358

1. Entity Name
ACROSS THE BOARD ELECTRONICS LLC



FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business
1410 SEDGWICK DR
ZEPHYRHILLS, FL 33543

Mailing Address
1410 SEDGWICK DR
ZEPHYRHILLS, FL 33543



07082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2794312

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPOBIANCO, EDWARD
1410 SEDGWICK DR
ZEPHYRHILLS, FL 33543

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CAPOBIANCO, EDWARD
1410 SEDGWICK DR
ZEPHYRHILLS, FL 33543

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CAPOBIANCO, ANTHONY
1410 SEDGWICK DR
ZEPHYRHILLS, FL 33543

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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07/31/08-80001-019 143.75

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IN THIS SPACE**

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

Date

Daytime Phone #