

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056739

FILED
Jul 20, 2009
Secretary of State

Entity Name: MITE, LLC

Current Principal Place of Business:

417 HENDRICKS ISLE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

417 HENDRICKS ISLE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-2975518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SANFORD N. REINHARD, P.A.
1290 WESTON ROAD
SUITE 201
WESTON, FL 33326 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMBROSIO, MICHAEL A
Address: 417 HENDRICKS ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: AMBROSIO, TERESA
Address: 417 HENDRICKS ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL AMBROSIO

MR.

07/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date