

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90218 009 \*\*\*\*50.00

**DOCUMENT # L05000060425**

1. Entity Name  
JDL LYONS TECH II, LLC



Principal Place of Business  
C/O LEDER GROUP, INC.  
6530 WEST ROGERS CIRCEL, SUITE #31  
BOCA RATON, FL 33487

Mailing Address  
C/O LEDER GROUP, INC.  
6530 WEST ROGERS CIRCEL, SUITE #31  
BOCA RATON, FL 33487



01222007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3021078

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ALLEN, LOUISE J ESQ.  
200 EAST LAS OLAS BLVD  
SUITE 2100  
FT. LAUDERDALE, FL 33301

*JOSHUA D. LEDER*  
*6530 W ROGERS CIRCLE #31*  
*BOCA RATON, FL 33487*

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LEDER, JOSHUA D  
6530 W. ROGERS CIRCLE, #31  
BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*JOSHUA D LEDER*

*561-995-7878*