

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006777

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** HYBRID REFURBISHING, LLC

**Current Principal Place of Business:**

5553 KINGSWOOD DRIVE  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

5553 KINGSWOOD DRIVE  
ORLANDO, FL 32810

**New Mailing Address:**

FEI Number: 54-2191106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICHAUD, DUANE  
1398 NORTHGATE CIRCLE  
102  
OVEIDO, FL 32765 US

**Name and Address of New Registered Agent:**

MICHAUD, DUANE  
1294 CROW WAY  
110  
CASSELBERRY, FL 32707 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: DUANE MICHAUD

01/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SLEEPER, RYAN T  
Address: 5900 CURRYFORD RD APT 16  
City-St-Zip: ORLANDO, FL 32822 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SLEEPER, RYAN T  
Address: 1294 CROW WAY APT 110  
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RYAN SLEEPER

MGR

01/10/2007

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