

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019269

Entity Name: MAGNA-TRONIX, LLC

FILED  
May 19, 2008  
Secretary of State

**Current Principal Place of Business:**

10175 RIDGE TOP LOOP  
WEEKI WACHEE, FL 346133530

**New Principal Place of Business:**

**Current Mailing Address:**

10175 RIDGE TOP LOOP  
WEEKI WACHEE, FL 346133530

**New Mailing Address:**

FEI Number: 14-1951792      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:**

THOROGOOD, LARRY  
10175 RIDGE TOP LOOP  
WEEKI WACHEE, FL 346133530 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: THOROGOOD, LARRY  
Address: 10175 RIDGE TOP LOOP  
City-St-Zip: WEEKI WACHEE, FL 346133530

Title: MGRM ( ) Delete  
Name: KOTOWSKI, VINCE  
Address: 10175 RIDGE TOP LOOP  
City-St-Zip: WEEKI WACHEE, FL 346133530

**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: VINCE KOTOWSKI

MGR

05/19/2008

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