

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90072 025 \*\*\*\*50.00

**DOCUMENT # L06000032143**

1. Entity Name  
**BATTLESHARK INDUSTRIES, LLC**



Principal Place of Business  
**916 JOHNSON STREET  
HOLLYWOOD, FL 33019**

Mailing Address  
**916 JOHNSON STREET  
HOLLYWOOD, FL 33019**

2. Principal Place of Business - No P.O. Box #  
**1001 Park Centre Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**1001 Park Centre Blvd**  
Suite, Apt. #, etc.



03212007 Chg-LLC CR2E083 (12/06)

City & State  
**Miami Gardens FL**  
Zip  
**33169** Country  
**USA**

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**Miami Gardens FL**  
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**33169** Country  
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4. FEI Number Applied For  
☒ Not Applicable

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

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

**SERAFINI, ANDRE  
916 JOHNSON STREET  
HOLLYWOOD, FL 33019**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **Manager** ☐ Delete  
NAME **Andre Serafini**  
STREET ADDRESS **1001 Park Centre Blvd**  
CITY-ST-ZIP **Miami Gardens, FL 33169**

**10. ADDITIONS/CHANGES**

TITLE **Manager** ☐ Change ☒ Addition  
NAME **Andre Serafini**  
STREET ADDRESS **1001 Park Centre Blvd**  
CITY-ST-ZIP **Miami Gardens, FL 33169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #