

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000055963

Entity Name: SLASH FUSION, LLC

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6574 N. STATE ROAD 7  
# 264  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6574 N. STATE ROAD 7  
# 264  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 20-4998554      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:**

REFAELI, DAVID  
6574 N. STATE ROAD 7  
# 264  
COCONUT CREEK, FL 33073 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  
Name: REFAELI, DAVID  
Address: 6574 N. STATE ROAD 7 #264  
City-St-Zip: COCONUT CREEK, FL 33073 US

I hereby 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: DAVID REFAELI

MGRM

05/03/2010

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