

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086927

Entity Name: POWERGADGETS, LLC

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

5901 BROKEN SOUND PARKWAY, SUITE 400  
BOCA RATON, FL 33487

## New Principal Place of Business:

5901 BROKEN SOUND PARKWAY,  
#400  
BOCA RATON, FL 33487

## Current Mailing Address:

5901 BROKEN SOUND PARKWAY, SUITE 400  
BOCA RATON, FL 33487

## New Mailing Address:

5901 BROKEN SOUND PARKWAY,  
#400  
BOCA RATON, FL 33487

FEI Number: 51-0601364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, RENE G P  
5901 BROKEN SOUND PARKWAY NW  
SUITE 400  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

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: P ( ) Delete  
Name: GARCIA, RENE G P  
Address: 5901 BROKEN SOUND PKWY SUITE 400  
City-St-Zip: BOCA RATON, FL 33487 US

Title: VP ( ) Delete  
Name: CEGARRA, JUAN C VP  
Address: 5901 BROKEN SOUND PKWY SUITE 400  
City-St-Zip: BOCA RATON, FL 33487 US

Title: S ( ) Delete  
Name: ARRESE-IGOR, FELIX SECRETA  
Address: 5901 BROKEN SOUND PKWY SUITE 400  
City-St-Zip: BOCA RATON, FL 33487 US

Title: T ( ) Delete  
Name: PADRON, FRANCISCO TREASU  
Address: 5901 BROKEN SOUND PKWY SUITE 400  
City-St-Zip: BOCA RATON, FL 33487 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RENE GARCIA

P

02/11/2009

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