

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092055

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** SDPHOTONICS LLC

**Current Principal Place of Business:**

450 SOUTH LAKE JESSUP AVENUE  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

450 SOUTH LAKE JESSUP AVENUE  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 84-1716965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEPPE, DENNIS G  
450 SOUTH LAKE JESSUP AVENUE  
OVIEDO, FL 32765 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: MGR ( ) Delete  
Name: DEPPE, DENNIS G  
Address: 450 SOUTH LAKE JESSUP AVENUE  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGR ( ) Delete  
Name: FREISEM, SABINE M  
Address: 450 SOUTH LAKE JESSUP AVENUE  
City-St-Zip: OVIEDO, FL 32765 US

**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: SABINE FREISEM

MGR

04/20/2009

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