2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 06, 2007 8:00 am
Secretary of State
03-09-2007 90134 028 ****50.00

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03052007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000104973

1. Entity Name
BEYOND ELECTRONICS USA LLC

Principal Place of Business	Mailing Address
7711 NOTTINGHILL SKY DR APOLLO BEACH, FL 33572	7711 NOTTINGHILL SKY DR APOLLO BEACH, FL 33572

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
9941 HARWIN DR		7711 NOTTINGHILL SKY DR	
Suite, Apt. #, etc.: SUITE B		Suite, Apt. #, etc.	
City & State: HOUSTON TX		City & State: APOLLO BEACH FL	
Zip: 77036	Country: USA	Zip: 33572	Country: USA

4. FEI Number: 20-5759795 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRAN, TRI D MR
7711 NOTTINGHILL SKY DR
APOLLO BEACH, FL 33572

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 [signature] 3/5/07
Signature, typed or printed name of registered agent and title if applicable. (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner (president) TRI DINH TRAN 7711 NOTTINGHILL SKY DR APOLLO BEACH FL 33572	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] TRI DINH TRAN 3/5/07 (863)3990676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #