

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106099

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: DAYRON COMPUTER SERVICES, L.L.C.

**Current Principal Place of Business:**

5590 NW 84TH AVENUE, STE B-1  
MIAMI, FL 33166

**New Principal Place of Business:**

1378 W 69TH STREET  
HIALEAH, FL 33014

**Current Mailing Address:**

5590 NW 84TH AVENUE, STE B-1  
MIAMI, FL 33166

**New Mailing Address:**

1378 W 69TH STREET  
HIALEAH, FL 33014

FEI Number: 20-5815226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OWENS, SCOTT D ESQ  
COHEN & OWENS P.A.  
2241 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 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: MGRM ( ) Delete  
Name: BENITEZ, DAYRON  
Address: 5590 NW 84TH AVENUE, STE B-1  
City-St-Zip: MIAMI, FL 33166

Title: MGRM (X) Delete  
Name: ALONSO, JONATHAN  
Address: 5590 NW 84TH AVENUE, STE B-1  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BENITEZ, DAYRON  
Address: 1378 W 69TH STREET  
City-St-Zip: HIALEAH, FL 33014

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: DAYRON BENITEZ

MGRM

04/11/2008

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