## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000111850

**Entity Name: ORS ELETRONICS** 

City-St-Zip:

PORT ST LUCIE, FL 34987 US

FILED Apr 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1865 SW BREEZEWAY ST PORT ST LUCIE, FL 34987 **Current Mailing Address: New Mailing Address:** 1865 SW BREEZEWAY ST PORT ST LUCIE, FL 34987 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, ONEIL R 1865 SW BREEZEWAY ST US PORT ST LUCIE, FL 34987 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition SMITH, ONEIL R Name: Name: Address: 1865 SW BREEZEWAY ST Address: City-St-Zip: PORT ST LUCIE, FL 34987 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: RUSSELL, ORMOND F Name: Address: 4535 WILLOW POND COURT EAST Address: City-St-Zip: WEST PALM BEACH, FL 33417 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition SMITH, TRACIAN A Name: Name: 1865 SW BREEZEWAY ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: ONEIL SMITH MR 04/01/2007