

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023787

Entity Name: DEMAD INDUSTRIES, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

4739 NW 72ND AVE.
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

4739 NW 72ND AVE.
MIAMI, FL 33166

New Mailing Address:

FEI Number: 77-0672835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREXL, ADAM E
2872 NW 99TH TER
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

PREXL, ADAM E
7000 NW 94TH TER
TAMARAC, FL 33321 US

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:

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PREXL, ADAM E
Address: 2827 NW 99TH TER
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM () Delete
Name: ROMAN, MANUEL
Address: CALLE A N44-101 Y LOS NARANJOS
City-St-Zip: QUITO, PH 00000 EC

Title: MGRM () Delete
Name: ROMAN, DENIS
Address: 43 CHEMIN DE FOND ROSE
City-St-Zip: CALUIRE, RH 69300 FR

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PREXL, ADAM E
Address: 7000 NW 94TH TER
City-St-Zip: TAMARAC, FL 33321 US

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: ADAM PREXL

MGR

04/07/2009

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