## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Jan 14, 2008 8:00 am Secretary of State **DOCUMENT # L07000039913** 01-14-2008 90039 021 \*\*\*138.75 HI-TÉCH ELECTRIC INTERNATIONAL, LLC Principal Place of Business Mailing Address 18133 S.W. 114 COURT 18133 S.W. 114 COURT MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-0182071 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUJAN, JESUS F Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42 AVENUE, SUITE 530 MIAMI, FL 33126 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. PRESIDENT TITLE ☐ Addition TITLE Delete NAME NAME FRANCISCO R. GARCIA STREET ADDRESS 18133 S.W. 114 COURT HIGNI, FL. 33157 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miani, FL. TITLE ☐ Delete TIT1 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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Delete

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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**FILED**