

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083092

Entity Name: DYNAMITE ELECTRONICS, L.L.C.

FILED
Jun 03, 2008
Secretary of State

Current Principal Place of Business:

15673 SW 39 STREET #235
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

15673 SW 39 STREET #235
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RIOS, LEOPOLDO J
11904 MIRAMAR PARKWAY
MIRAMAR, FL 33025 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: SILVA, MANUEL A
Address: 15673 SW 39 ST
City-St-Zip: MIRAMAR, FL 33027

Title: MR. () Change (X) Addition
Name: SILVA, LUIS A
Address: 15673 SW 39 ST
City-St-Zip: MIRAMAR, FL 33027

Title: MR. () Change (X) Addition
Name: GONZALEZ, WILLIAM A
Address: 15673 SW 39 ST
City-St-Zip: MIRAMAR, FL 33027

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: MANUEL SILVA

MR.

06/03/2008

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