

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092282

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** NATIONAL REPEATER SYSTEMS OF FLORIDA LLC

**Current Principal Place of Business:**

18520 NW 67TH AVE.  
MIAMI GARDENS, FL 33015

**New Principal Place of Business:**

18201 COLLINS AVENUE  
SUITE 5205  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

1110 SOUTH AVENUE  
SUITE 46  
STATEN ISLAND, NY 10314

**New Mailing Address:**

FEI Number: 26-0874300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RICK, NEIL  
18520 NW 67TH AVE.  
MIAMI GARDENS, FL 33015      US

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

RICK, NEIL  
18201 COLLINS AVENUE  
SUITE 5205  
SUNNY ISLES BEACH, FL 33160      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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/31/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RICK, NEIL  
Address: 55 NICOLOSI DR.  
City-St-Zip: STATEN ISLAND, NY 10312

Title: MGRM  
Name: BOB LLC GOWAN  
Address: 101 ROUNDHILL RD.  
City-St-Zip: ROCKAWAY, NJ 07866

I hereby 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: NEIL RICK

MGRM

03/31/2011

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