2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L07000095010

Entity Name: MELS ELECTRONICS & ACCESSORIES LLC

Current Principal Place of Business:

2607 SOUTH WOODLAND BLVD., #146
DELAND, FL 32720

New Principal Place of Business:

1407 FLIGHTLINE BLVD
SUITE 12
DELAND, FL 32724

Current Mailing Address:

2607 SOUTH WOODLAND BLVD., #146
DELAND, FL 32720

New Mailing Address:

1407 FLIGHTLINE BLVD
SUITE 12
DELAND, FL 32724

FEI Number: 22-3968784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR ( ) Delete
Name: LORD, JASON
Address: 2607 SOUTH WOODLAND BLVD., #146
City-St-Zip: DELAND, FL 32720

Title: S ( ) Delete
Name: LORD, JASON
Address: 2607 SOUTH WOODLAND BLVD., #146
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LORD, JASON
Address: 933 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720

Title: S (X) Change ( ) Addition
Name: LORD, JASON
Address: 933 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720

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: JASON LORD MGR 03/06/2009

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