

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021450

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: MEACONS ENGINEERING INTERNATIONAL , LLC

## Current Principal Place of Business:

4959 PINEMORE LANE  
LAKE WORTH, FL 33463 US

## New Principal Place of Business:

## Current Mailing Address:

4959 PINEMORE LANE  
LAKE WORTH, FL 33463 US

## New Mailing Address:

FEI Number: 26-2128799      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ISLAM, NURUL M P. ENG  
4959 PINEMORE LANE  
LAKE WORTH, FL 33463 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: ISLAM, NURUL M P. ENG  
Address: 4959 PINEMORE LANE  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: MGRM ( ) Delete  
Name: KARIM, EHSANUL P. ENG  
Address: 8105 ROSTAND , BROSSARD  
City-St-Zip: QUEBEC - J4X2R7 , CANADA, OC 00000 OC

Title: MGRM ( ) Delete  
Name: HUSSAIN, MAHMOOD MR .  
Address: DHANMONDI GARDEN # 5/A , HOUSE-65/A ,  
City-St-Zip: DHAKA , BANGLADESH, OC 00000 OC

Title: MGRM ( ) Delete  
Name: MEHR, NASSAR F PH. D  
Address: 5180 NE 18TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: MGRM ( ) Delete  
Name: MAHMOUD, BASEM MR .  
Address: PO BOX- 95335  
City-St-Zip: SHARJAH , UAE, OC 00000 OC

Title: MGRM ( ) Delete  
Name: MOSTAFA, M N MR .  
Address: PO BOX - 40487  
City-St-Zip: DOHA , QATAR, OC 00000 OC

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NURUL ISLAM

MGR

04/22/2009

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