

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008510

Entity Name: FIBEROPTIX, LLC

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

209 STATE STREET  
OLDSMAR, FL 34677

**New Principal Place of Business:**

209 STATE STREET  
OLDSMAR, FL 34677 US

**Current Mailing Address:**

209 STATE STREET  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 26-4148137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GULF COAST SECURITY & SOUND, INC  
209 STATE STREET  
OLDSMAR, FL 34677 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  
Name: GULF COAST SECURITY & SOUND, INC  
Address: 209 STATE STREET E  
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM  
Name: LAURUS, INC  
Address: 14631 CANOPY DRIVE  
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM  
Name: BELLINO, DOMINIC A  
Address: 3 N 923 BONNIE DRIVE  
City-St-Zip: SAINT CHARLES, IL 60175 US

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: PHILIP ROSS

MGRM

02/18/2010

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