

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072344

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** FULL SPECTRUM SUPPLIES, LLC

**Current Principal Place of Business:**

590 SW 9TH TERRACE #10  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

590 SW 9TH TERRACE  
10  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

590 SW 9TH TERRACE #10  
POMPANO BEACH, FL 33069

**New Mailing Address:**

590 SW 9TH TERRACE  
10  
POMPANO BEACH, FL 33069

**FEI Number:** 27-0638141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNEIL, PAUL  
6954 NW 19TH COURT  
MARGATE, FL 33063 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:** MGRM  
**Name:** MCNEIL, PAUL  
**Address:** 6954 NW 19TH COURT  
**City-St-Zip:** MARGATE, FL 33063

**Title:** MGRM  
**Name:** LIEB, BRUCE  
**Address:** 2125 BAYVIEW DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33139

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:** BRUCE LIEB

MGRM

02/28/2011

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