

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000082622

Entity Name: BEATS OF FLORIDA, LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2622 SAWYER TER  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

2622 SAWYER TER  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 45-2772723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, JOSEPH  
2622 SAWYER TER  
WELLINGTON, FL 33414 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: THOMAS, JOSEPH  
Address: 2622 SAWYER TER  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR  
Name: JOSE, JOMON  
Address: 6553 LURAI DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: MGR  
Name: THOMAS, SHANTO  
Address: 11717 NW 1ST CT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR  
Name: DANIEL, CINI M  
Address: 3057 NW 92ND AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: CINI M DANIEL

MGR

04/24/2012

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