

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000109812

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** BIOMETRIC TECHNOLOGY SOLUTIONS LLC

**Current Principal Place of Business:**

2785 NW 82ND AVE  
DORAL, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

2785 NW 82ND AVE  
DORAL, FL 33122 US

**New Mailing Address:**

**FEI Number:** 45-3438493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BIUNDINI, JOAO  
2785 NW 82ND AVE  
DORAL, FL 33122 US

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

CARIELLO, ROBERTO  
2785 NW 82ND AVE  
DORAL, FL 33122 US

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: ROBERTO CARIELLO

01/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BIUNDINI, JOAO  
Address: 2785 NW 82ND AVE  
City-St-Zip: DORAL, FL 33122 US

Title: MGRM  
Name: CARIELLO, ROBERTO  
Address: 2785 NW 82ND AVE  
City-St-Zip: DORAL, FL 33122 US

Title: MGRM  
Name: QUEIROZ, MARCELO  
Address: 2785 NW 82ND AVE  
City-St-Zip: DORAL, FL 33122 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: ROBERTO CARIELLO

M

01/19/2012

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