

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002822

1. Entity Name
COMMERCIAL ELECTRONICS, L.L.C.



Principal Place of Business

**5209 NW 74 AVE
200 A
MIAMI, FL 33166**

Mailing Address

**5209 NW 74 AVE
200 A
MIAMI, FL 33166**



04202005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0919791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OVIEDO, LUIS H
5209 NW 74 AVENUE # 200A
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 22 2005

**Filing Fee is \$50.00
Due by May 1, 2005**

**1000000339866
04/28/05-80091-006 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OVIEDO, CARLOS H
5209 NW 74 AVENUE #200 A
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OVIEDO, JOHN S
5209 NW 74 AVENUE #200 A
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OVIEDO, JUAN D
5209 NW 74 AVENUE #200 A
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OVIEDO, LUIS H
5209 NW 74 AVENUE #200 A
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OVIEDO, GLORIA
5209 NW 74 AVENUE #200 A
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

04-27-05 (305) 477-8050