

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001237

1. Entity Name
TRANSMISION DE SERVICIOS MEXICANOS, PLLC



Principal Place of Business
**8009 NW 36TH STREET
NO. 231
MIAMI, FL 33166**

Mailing Address
**8009 NW 36TH STREET
NO. 231
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



04062006 No. Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1140262

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOMINGUEZ, HECTOR
8009 NW 36 STREET #231
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

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000498924
04/24/06-80011-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DOMINGUEZ, HECTOR
JOSE MARIA IGLESIAS #12
ACAPULCO, MEXICO,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Handwritten signature

4/6/06

(305) 591-8991