

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90142 003 ****55.00

DOCUMENT # M05000001190

1. Entity Name

XPONDR DEFENSE SYSTEMS, LLC



Principal Place of Business

Mailing Address

10751 75TH ST NORTH
LARGO FL 33777

PO BOX 3430
PINELLAS PARK FL 33780



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2182700

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, JAMES P ESQ
315 S HYDE PARK AVE
TAMPA FL 33606

Name

CHARLOT, LINCOLN H JR

Street Address (P.O. Box Number is Not Acceptable)

10751 75TH ST. NORTH

City

LARGO

FL

Zip Code

33777

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 of person named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CHARLOT, LINCOLN H JR
10751 75TH ST NORTH
LARGO FL 33777 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VSO
Bryan Michael N
10751 75TH ST. N.
LARGO FL 33777 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MCDONALD, DONALD
10751 75TH ST NORTH
LARGO FL 33777 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MCNEEL, VAN L
LINCOLN CTR, 5401 W KENNEDY BLVD, STE 751
TAMPA FL 33609 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

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

Date

Daytime Phone #