2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000539

1. Entity Name
NYETRONICS INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
2202 SOUTH BRYAN STREET MELBOURNE, FL 32902	2202 SOUTH BRYAN STREET MELBOURNE, FL 32902

DO NOT WRITE IN THIS SPACE

03223004 No Chg-LLC CR2E063 (10/03)

4. FEI Number
58-2217482
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DEMAURO, DENISE
2202 SOUTH BRYAN STREET
MELBOURNE, FL 32902

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

Filing Fee is $50.00
Due by May 1, 2004

U00000103964
04/05/04 00078 008 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEMAURO, VINCENT
STREET ADDRESS	2202 SOUTH BRYAN STREET
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	MGR
NAME	DEMAURO, DENISE
STREET ADDRESS	2202 SOUTH BRYAN STREET
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Denise DeMauro 3/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #