

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000021104

Entity Name: SEARL MAGNETRONIX, LLC**Current Principal Place of Business:**3500 GALT OCEAN DRIVE
SUITE 1516
FORT LAUDERDALE, FL 33308**Current Mailing Address:**3500 GALT OCEAN DRIVE
SUITE 1516
FORT LAUDERDALE, FL 33308**FEI Number:** 46-2548752**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TALBERT, PHILIP H
3500 GALT OCEAN DRIVE
SUITE 1516
FORT LAUDERDALE, FL 33308 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	TALBERT, PHILIP H
Address	3500 GALT OCEAN DRIVE - SUITE 1516
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	VP
Name	PARSONS, BRUCE PHD
Address	4701 NE 12TH AVE
City-State-Zip:	OAKLAND PARK FL 33334

Title	AUTHORISED MEMBER
Name	SEARL TECHNOLOGY, INC.,
Address	3500 GALT OCEAN DRIVE SUITE 1516
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	MGRM
Name	MILLER, KIRK G
Address	2875 IDLEWILD DRIVE #28
City-State-Zip:	RENO NV 89509
Title	AUTHORIZED MEMBER
Name	LOCKERMAN, BRADLEY K
Address	10970 ASHTON AVE #311
City-State-Zip:	WEST LOS ANGELES CA 90024

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TALBERT, PHILIP H

MGRM

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date