

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1100000453

**Entity Name:** COGON SYSTEMS LLC

**Current Principal Place of Business:**

1194 N EGLIN PKWY  
SHALIMAR, FL 32579

**Current Mailing Address:**

44150 SMARTRONIX WAY  
HOLLYWOOD, MD 20636 US

**FEI Number:** 27-3076175

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD. INC  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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 SMARTRONIX, INC.  
Address 44150 SMARTRONIX WAY  
City-State-Zip: HOLLYWOOD MD 20636

*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:** CHARLENE CRAWFORD

ACCOUNTANT

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date