

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000001446

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC3703697750**

**Entity Name:** OPTICAL DISTRIBUTOR GROUP, LLC

**Current Principal Place of Business:**

12301 NW 39TH STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

12301 NW 39TH STREET  
CORAL SPRINGS, FL 33065

**FEI Number:** 43-1995076

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 MGR  
Name LONDAL, DOUGLAS F  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name LORI, MATHEW J  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name BENJAMIN, LAWRENCE  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name JOHANSSON, LARS  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name ALVAREZ, ANGEL I  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name WEINBRUM, BRAD  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** WEINBRUM , BRAD

**BY:** MONICA GONZALEZ 01/13/2015  
**ATTORNEY IN FACT**

Electronic Signature of Signing Authorized Person(s) Detail

Date