


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90036 003 \*\*\*138.75

**DOCUMENT # L04000004655**

1. Entity Name  
**INN TEC, LLC**



Principal Place of Business      Mailing Address

~~3000 34TH STREET SOUTH~~      PO BOX 14523  
~~SUITE C-312~~      ST. PETERSBURG, FL 33733  
~~ST. PETERSBURG, FL 33711~~

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**2540 Fairway Ave. S.**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**St. Petersburg, FL**      **FL**

Zip      Country      Zip      Country

**33712**      **Pinellas**



02212008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For

**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROIG, RICARDO A P.A.**  
**4023 NORTH ARMENIA AVENUE, STE. 400**  
**TAMPA, FL 33607**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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 reinstating)

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS |                            |                                 | 10. ADDITIONS/CHANGES |  |   |
|------------------------------|----------------------------|---------------------------------|-----------------------|--|---|
| TITLE                        | MGRM                       | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | LUCEWICZ, RICHARD          |                                 | NAME                  |  |   |
| STREET ADDRESS               | 2540 FAIRWAY AVE S         |                                 | STREET ADDRESS        |  |   |
| CITY - ST - ZIP              | SAINT PETERSBURG, FL 33712 |                                 | CITY - ST - ZIP       |  |   |
| TITLE                        |                            | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                            |                                 | NAME                  |  |   |
| STREET ADDRESS               |                            |                                 | STREET ADDRESS        |  |   |
| CITY - ST - ZIP              |                            |                                 | CITY - ST - ZIP       |  |   |
| TITLE                        |                            | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                            |                                 | NAME                  |  |   |
| STREET ADDRESS               |                            |                                 | STREET ADDRESS        |  |   |
| CITY - ST - ZIP              |                            |                                 | CITY - ST - ZIP       |  |   |
| TITLE                        |                            | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                            |                                 | NAME                  |  |   |
| STREET ADDRESS               |                            |                                 | STREET ADDRESS        |  |   |
| CITY - ST - ZIP              |                            |                                 | CITY - ST - ZIP       |  |   |
| TITLE                        |                            | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                            |                                 | NAME                  |  |   |
| STREET ADDRESS               |                            |                                 | STREET ADDRESS        |  |   |
| CITY - ST - ZIP              |                            |                                 | CITY - ST - ZIP       |  |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Nina Lucenz*      4/25/08      727/865-3444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #