

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000087079

1. Entity Name
SOUND TECHNICAL DECISIONS LLC



Principal Place of Business
**649 SW WHITMORE DRIVE
PORT ST. LUCIE, FL 34984 US**

Mailing Address
**649 SW WHITMORE DRIVE
PORT ST. LUCIE, FL 34984 US**



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3404815

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTERA, JOSEPH G JR
649 SW WHITMORE DRIVE
PORT ST. LUCIE, FL 34984**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HIGGINS, DEAN W
STREET ADDRESS	7758 STATE RT 154
CITY-ST-ZIP	BALDWIN, IL 62217
TITLE	MGR
NAME	HENSLEY, JEFFREY W
STREET ADDRESS	14 JACK'S CABIN DRIVE
CITY-ST-ZIP	DEFIANCE, MO 63341
TITLE	MGR
NAME	FULLER, DAVID A
STREET ADDRESS	14050 INVICTA DRIVE
CITY-ST-ZIP	FLORISSANT, MO 63034
TITLE	MGR
NAME	JULSON, MICHAEL S
STREET ADDRESS	1014 SPRUCE POINT DRIVE
CITY-ST-ZIP	HOUSE SPRINGS, MO 63051
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000751091
05/18/07-80089-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joseph G Butera Jr

Date

Daytime Phone #

4/30/07 772 879-9400