2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002428

1. Entity Name
REPCAL TEST EQUIPMENT, LLC

Principal Place of Business	Mailing Address
2613 8TH STREET WEST LEHIGH ACRES, FL 33971	P.O. BOX 1990 LEHIGH ACRES, FL 33970

DO NOT WRITE IN THIS SPACE

01092004No Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3660132

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MALIZIA, JAMES
2613 8TH STREET WEST
LEHIGH ACRES, FL 33971

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MALIZIA, JAMES
STREET ADDRESS	2613 8TH STREET W.
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	MGRM
NAME	MALIZIA, SHIRLEY R
STREET ADDRESS	2613 8TH STREET W.
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000131705
04/27/04-80017-007 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Malizia 4-19-04 239-368-9052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #