

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015834

**FILED**  
**Mar 12, 2004**  
**Secretary of State**

**Entity Name:** TEKMETHODS, LLC

**Current Principal Place of Business:**

8119 COLONIAL VILLAGE DRIVE, SUITE 203  
TAMPA, FL 33625

**New Principal Place of Business:**

8466 FLAGSTONE DRIVE  
TAMPA, FL 33615

**Current Mailing Address:**

8119 COLONIAL VILLAGE DRIVE, SUITE 203  
TAMPA, FL 33625

**New Mailing Address:**

8466 FLAGSTONE DRIVE  
TAMPA, FL 33615

**FEI Number:** 06-1636625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNTER, SHERYL S  
4807A BAYSHORE BLVD.  
TAMPA, FL 33611 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SECHIO, LORI  
Address: 8119 COLONIAL VILLAGE DRIVE, SUITE 203  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SECHIO, LORI  
Address: 8466 FLAGSTONE DRIVE  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: LORI SECHIO

CEO

03/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date