

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90061 024 ****50.00

DOCUMENT # L00000006340

1. Entity Name
CLASSIFIED TECHNOLOGIES GROUP, L.L.C.



Principal Place of Business
~~201 KELSEY LANE~~
TAMPA, FL 33619

Mailing Address
~~201 KELSEY LANE~~
TAMPA, FL 33619

40023353



2. Principal Place of Business
410 S. Ware Blvd.
Suite, Apt. #, etc.
Suite 303

3. Mailing Address
Same
Suite, Apt. #, etc.

01272006 Chg-LLC CR2E083 (11/05)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3653595

Applied For
Not Applicable

Zip
33619

Country
Hillb.

Zip
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, W.J. P.A.
999 PONCE DE LEON BLVD
PENTHOUSE 1110
CORAL GABLES, FL 33134

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

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MANDT, AJ MARCUM
201 KELSEY LANE
TAMPA, FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MANDT, R.D.
201 KELSEY LANE
TAMPA, FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANDT, MICHAEL
201 KELSEY LANE
TAMPA, FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

R.D. Mandt

Feb 6, 2006 813-635-1331

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

Date

Daytime Phone #