

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002872

1. Entity Name
FLORIDA TEST & ASSEMBLY SYSTEMS, LLC



Principal Place of Business
**12919 7TH AVENUE NORTHEAST
BRADENTON, FL**

Mailing Address
**244 SHOPPING AVE.
SARASOTA, FL 34237-7125**



03152003 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1111635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KURVIN, STEPHEN H
7 SOUTH LIME AVE.
SARASOTA, FL 34237**

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TURNER, ROBERT 244 SHOPPING AVE SARASOTA, FL 342377125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TURNER, WANDA 244 SHOPPING AVE SARASOTA, FL 34237
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06/07/04-80002-002 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)(f), 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

ROBERT TURNER

5/27/04

Date

941 376 1991

Daytime Phone #