

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005806

Entity Name: EXTRACTECH, LLC

FILED  
Apr 20, 2005  
Secretary of State

**Current Principal Place of Business:**

1725 E 5TH AVE  
TAMPA, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

1725 E 5TH AVE  
TAMPA, FL 33705

**New Mailing Address:**

FEI Number: 80-0805117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGAN, CYRIL C  
1725 E 5TH AVE  
TAMPA, FL 33705 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: BAGWELL, JAMES  
Address: PO BOX 20225  
City-St-Zip: TAMPA, FL 33622

Title: MGRM ( ) Delete  
Name: GUIDO, GREGORY F  
Address: 5818 AUDUBON MANOR BLVD.  
City-St-Zip: LITHIA, FL 33547

Title: MGRM ( ) Delete  
Name: MORGAN, C.C. (CHIP)  
Address: 128 ADRIATIC AVE.  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MORGAN, C.C. (CHIP)  
Address: 617 DANUBO AVE  
City-St-Zip: TAMPA, FL 33606

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: JAMES BAGWELL

DIR

04/20/2005

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