

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90041 004 ****50.00

DOCUMENT # L01000006382

1. Entity Name
CERTUS, LLC



Principal Place of Business
**300 INTERNATIONAL PKWY.
SUITE 190
HEATHROW, FL 32746**

Mailing Address
**300 INTERNATIONAL PKWY.
SUITE 190
HEATHROW, FL 32746**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

59-3722422

Applied For

Not Applicable

Zip

Country

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

**PAWLOWSKI, GLEN J
300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746**

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
MGRM
PAWLOWSKI, GLEN J ☒ Delete
STREET ADDRESS
300 INTERNATIONAL PKWY., SUITE 190
CITY-ST-ZIP
HEATHROW, FL 32746

TITLE
NAME
MGRM
BRIAMARIC Corp. ☐ Change ☒ Addition
STREET ADDRESS
6896 Sylvan Woods Drive
CITY-ST-ZIP
Sanford, FL 32771

TITLE
NAME
MGRM
OSTLIE, DAVID A ☒ Delete
STREET ADDRESS
300 INTERNATIONAL PKWY STE 190
CITY-ST-ZIP
HEATHROW, FL 32746

TITLE
NAME
MGRM
DJJW GROUP INC. ☐ Change ☒ Addition
STREET ADDRESS
1869 Lake Markham Preserve Trail
CITY-ST-ZIP
Sanford, FL 32771

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

3/1/06

407-333-9916