

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017542

1. Entity Name
SANDON TESTING SERVICES L.L.C.



FILED
04 APR -8 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2928 WELLINGTON CIRCLE, STE. 201
TALLAHASSEE, FL 32309

Mailing Address
2928 WELLINGTON CIRCLE, STE. 201
TALLAHASSEE, FL 32309

PK



04082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 81-0589345		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VISCONTI, FRANK 2928 WELLINGTON CIRCLE, STE. 201 TALLAHASSEE, FL 32309		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDON, PHILIP A 3717 SWALLOWTAIL TRACE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000033102810 04/19/04--01083--004 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Philip A Sardon* **4/8/04 850-894-0838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #