

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90076 019 ****50.00

DOCUMENT # L02000001567

1. Entity Name

CLIENT MANAGEMENT TECHNOLOGIES, LLC



Principal Place of Business

3922 TALAH DRIVE
PALM HARBOR FL 34684

Mailing Address

3922 TALAH DRIVE
PALM HARBOR FL 34684

2. Principal Place of Business

461 45TH AVE N.E.
Suite, Apt. #, etc.

3. Mailing Address

461 45TH AVE N.E.
Suite, Apt. #, etc.

City & State

St. Petersburg FL
Zip 33703 Country Pinellas

City & State

St. Petersburg FL
Zip 33703 Country Pinellas

4. FEI Number

41-2026004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEPAOLO, KAREN
3922 TALAH DRIVE
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name Clarence P. Rideout Jr.
Street Address (P.O. Box Number is Not Acceptable)
461 45TH AVE N.E.
City St. Petersburg FL Zip Code 33703

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

4-13-05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DE PAOLO, JOSEPH	
STREET ADDRESS	3922 TALAH DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRAND, HUNT	
STREET ADDRESS	3024 DEL RIO DR	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NEAL, JOHN	
STREET ADDRESS	11241 TEMPLE CR	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RIDEOUT, CLARENCE P	
STREET ADDRESS	461 45TH AVE NE	
CITY-ST-ZIP	SAINT-PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

Date

Daytime Phone #

4-13-05

727-538-0077