


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000005632 1. Entity Name SERVICETECH, LLC	
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Principal Place of Business 5110 EISENHOWER BLVD., SUITE 250 TAMPA, FL 33634	Mailing Address 5110 EISENHOWER BLVD., SUITE 250 TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



05032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 94-3417883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SPURLOCK, MITCHELL D 5110 EISENHOWER BLVD., SUITE 250 TAMPA, FL 33634

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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 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPURLOCK, JANET 5110 EISENHOWER BLVD., SUITE 250 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORR, RHONDA 5110 EISENHOWER BLVD., SUITE 250 TAMPA, FL 33634
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**U000000763592
05/30/07-80016-019 50.00**

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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:  **R. KEITH BAGBY** **5/9/07** **813-383-0238**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #