2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013717				<u> </u>	FIL	ED		
TELEQUICK SYSTEMS, LLC					Ci. Hab or	A La Li		
				7	04 MAR 24	API 11: 14		
Principal Plac	ce of Business	Mailing Address			SECRETARY	OF STATE		
C/O DONALD L. BOOTH, ESQ. C/O DONALD L. BOOTH, ESQ. 9641 GULF BOULEVARD 9641 GULF BOULEVARD			SQ.		SECRETARY TALLAHASSE	E, FLORIDA		
TREASURE ISLAND, FL 33706 TREASURE ISLAND, FL 33706			3706	i (Ranko ar	ı üku ileri kalı banı bar	2 82:9: 11 22: mm (888) (82	n 1520en en 1620	
Principal Place of Business 3. Mailing Address			ر د ۱	-				
Suite. Apl. #. etc. Suite. Apl. #. etc.			itan Rd		i nigila ittisi kalii 2011 pat	3 BRIBI I (EDB IIIII JEHAI I IH)	7 (8029) H 30 0)	
		Legal Pe	Legal Pept.		Chg-LLC	CR2E083 (10/0)3)	
City & Stat		City & State Largo, FL		4. FEI Numb	er PPLICABLE		Applied For Not Applicable	
337	Country USA	3371 USA		5. Certificate	ificate of Status Desired S5.00 Additional Fee Required		Additional	
337	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and	Address of New R		ured	
BOOTH, DONALD L ESQ								
9641 GULF BOULE VARD- TREASURE ISLAND, FL 93706			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
PREASURE ISLAND, PL-33706								
			City 1-0	Y LOC 90 FL 20239771				
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 Tappicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filling Fee is \$50.00 Make check payable to								
€ Due by May 1, 2004					Florida	Department of Si	late	
9.	MANAGING MEMBER	<u> </u>	10.		ADDITIONS/	CHANGES		
NAME	WOLF, BRYON	☐ De!ete	TITLE NAME	03./3	24//040101	.6024 [□] 🐙	500 706 1100	
STREET ADDRESS CITY-ST-ZIP	9641 GULF BLVD. TREASURE ISLAND, FL 33706		STREET ADDRESS CITY-ST-ZIP	4	A 200	049101	602	
TITLE	MGRM	☐ Delete	TITLE		14.704 0101	6024 999		
NAME Street Address	ELIASSON, ROY		NAME		(4/U4U1U1)	6024- ***	500+1767****	
City-St-zip	3006 LONGBROOKE WAY CLEARWATER, FL 33760		STREET ADDRESS CITY-ST-ZIP	'	•			
TILE	MGRM	Delete	TITLE			☐ Chang	e 🔲 Addition	
NAME Street address	REILLY, DAVID 1102 2ND AVE SOUTH	1	NAME STREET ADDRESS					
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP					
TITLE NAME	· ··	☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		Delete	TITLE NAME			Change	e 🔲 Addition	
STREET ADDRESS			STREET ADORESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ De'ete	TITLE NAME			☐ Change	e 🔲 Addition	
STREET ADDRESS			STREET ADDRESS					
11. I hereby o	ertify that the information supplied with t	his filling does and agalify for the	CITY-ST-ZIP	Section 110.07/2V	\ Elorida Statutas 1	further continues	- Information	
11. I hereby certify that the information supplied with this filing does not adalify 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 effect this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
SIGNATURE AND TYPED OF PRIVILED HAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Prioring #								