


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000017397 1. Entity Name URETEK ICR, LLC	
--	---

Principal Place of Business 8404 EPICENTER BLVD LAKELAND, FL 33809	Mailing Address 8404 EPICENTER BLVD LAKELAND, FL 33809
--	--



07112007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

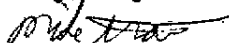
4. FEI Number 35-2174185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TROUT, MIKE A
2901 APPLING WOODS PLACE
PLANT CITY, FL 33565**

**DO NOT WRITE
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:  **MIKE TROUT** **7/11/07**

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**

**000000768502
07/12/07-80014-008 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROUT, MIKE A 2901 APPLING WOODS PLACE PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **MIKE TROUT** **7/11/07 813-766-7398**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #