2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L02000019495

Entity Name: CIRCUITIVITY SOLUTIONS, LLC

Current Principal Place of Business:

12836 NW 22ND MANOR
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

12836 NW 22ND MANOR
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 22-3864859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRCHMIER, EDWARD J
12836 NW 22ND MANOR
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: KIRCHMIER, EDWARD J
Address: 12836 NW 22ND MANOR
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR (X) Delete
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City-St-Zip: PEMBROKE PINES, FL 33028 US

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ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDWARD J KIRCHMIER MGR 04/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date