

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

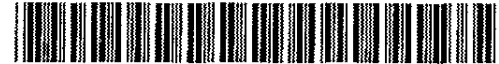
DOCUMENT # L02000019526

1. Entity Name  
MYSTYK LIMITED LIABILITY COMPANY



Principal Place of Business  
9481 SW HULL AVE  
FORT OGDEN, FL 34267-0144

Mailing Address  
9481 SW HULL AVE  
FORT OGDEN, FL 34267-0144



07092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

11-3648780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THOMAS, ROBERT C  
21399 EDGEWATER AVE  
PORT CHARLOTTE, FL 33952

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	THOMAS, ROBERT C
STREET ADDRESS	21399 EDGEWATER DR
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	MGRM
NAME	EARLE, RONALD J
STREET ADDRESS	4950 CEDAR HAMMOCK COURT
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	MGRM
NAME	NOBLES, GERALD
STREET ADDRESS	9481 S.W. HULL AVENUE
CITY-ST-ZIP	FORT OGDEN, FL 342670144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000768249  
07/11/07-80007-024 50.00

**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:**

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

Date

Daytime Phone #

Robert C. Thomas 7/9/07 (239) 644-2700