

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # L03000001178

1. Entity Name
LINEAR DYNAMICS, LLC



Principal Place of Business
7965 JACK JAMES DRIVE
STUART, FL 34997-7246 US

Mailing Address
P.O. BOX 1406
STUART, FL 34995 US



01112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0580558

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WENTWORTH, KATHLEEN A
7965 JACK JAMES DRIVE
STUART, FL 34997

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WENTWORTH, KATHLEEN
STREET ADDRESS	7965 JACK JAMES DR.
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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03/30/07-80001-020 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

3/1/07

Date

TD-286-7800

Daytime Phone #

Ext 15