

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000001435

**FILED**  
**Jun 14, 2004**  
**Secretary of State**

**Entity Name:** INTEGRATED TECHNOLOGY COMPANY, LLC

**Current Principal Place of Business:**

2383 RYAN PLACE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

3250 DARTMOUTH DR  
SUITE A  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

2383 RYAN PLACE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

3250 DARTMOUTH DR  
SUITE A  
TALLAHASSEE, FL 32317

**FEI Number:** 83-0346563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENCHION, BYRON A  
2383 RYAN PLACE  
TALLAHASSEE, FL 32309

**Name and Address of New Registered Agent:**

MENCHION, BYRON A  
3250 DARTMOUTH DR  
TALLAHASSEE, FL 32317

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

06/14/2004

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MENCHION, BYRON A  
Address: 3250 DARTMOUTH DR  
City-St-Zip: TALLAHASSEE, FL 32317

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: BYRON A. MENCHION

MGRM

06/14/2004

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