


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000007451			
1. Entity Name BRYAN SYKES INTERNATIONAL, LLC			
Principal Place of Business 5226 NE 64TH AVENUE SILVER SPRINGS FL 34488		Mailing Address P.O. BOX 1294 OCALA FL 34478	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SYKES, BRYAN B 5226 NE 64TH AVENUE SILVER SPRINGS FL 34488		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SYKES, BRYAN B 5226 NE 64TH AVENUE SILVER SPRINGS, FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000342194 04/29/05-80045-017 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE

CR2E083 (10/04)

4. FEI Number 56-2488035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/05

(352) 209-4500

Date

Daytime Phone #