

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009758

Entity Name: T-TEK SERVICES LLC

FILED
Jul 01, 2004
Secretary of State

Current Principal Place of Business:

5970 BROKEN BOW LN.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5970 BROKEN BOW LN.
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRASKA, THOMAS W
5970 BROKEN BOW LN.
PORT ORANGE, FL 32127

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: TRASKA, THOMAS W
Address: 5970 BROKEN BOW LN.
City-St-Zip: PORT ORANGE, FL 32127

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: THOMAS W. TRASKA

MGR

07/01/2004

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