

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012462

1. Entity Name
CELLTEC IND., LLC



FILED

07 SEP 14 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
18725 HWY 331 SOUTH
FREEPORT, FL 32439

Mailing Address
113 SOUTH AVE.
FT. WALTON BEACH, FL 32547

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

18725 Hwy 331 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Freeport, FL

Zip

Country

Zip

Country

32439

USA

08272007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

56-2341986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERKINS, THEODORE M JR.
320 HIDEAWAY BAY DRIVE
DESTIN, FL 32550

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8.27.07

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PERKINS, THEODORE M JR.
POST OFFICE BOX 1283
DESTIN, FL 32540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Perkins, Theodore M. JR.
P.O. Box 6732
Miramar Beach, FL 32550 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100108887061
09/25/07--01024--002 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8.27.07