

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90029 004 ****50.00

DOCUMENT # L03000027811

1. Entity Name
ECS, LLC



Principal Place of Business
% STEVEN A. SCIARETTA, P.A.
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431

Mailing Address
% STEVEN A. SCIARETTA, P.A.
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431

20042000



2. Principal Place of Business
945 NW 6th AVE
Suite, Apt. #, etc.

3. Mailing Address
945 NW 6th AVE
Suite, Apt. #, etc.

04252006 Chg-LLC CR2E083 (11/05)

City & State
BOCA RATON FLA
Zip
33432
Country
USA

City & State
BOCA RATON FLA
Zip
33432
Country
USA

4. FEI Number 510 475 311
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCIARETTA, STEVEN A
% STEVEN A. SCIARETTA, P.A.
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
EDMUND C. SCIARETTA
Street Address (P.O. Box Number is Not Acceptable)
945 NW 6th AVE
City
BOCA RATON FL 33432

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 *Edmund C. Sciarretta* EDMUND C. SCIARETTA 4/25/06
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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCIARETTA, STEVEN A
% 2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
EDMUND C. SCIARETTA
945 NW 6th AVE, BOCA RATON, FLA
33432 ☒ Change ☐ Addition

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

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

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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 606, Florida Statutes.

SIGNATURE: *Edmund C. Sciarretta* EDMUND C. SCIARETTA MGR 4/25/06 561-392-4640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #