

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90257 027 ****50.00

DOCUMENT # L03000035425

1. Entity Name

PHD TECHNOLOGIES, LLC



Principal Place of Business

3316 STAGECOACH TRAIL
WIMAUMA FL 33598

Mailing Address

3316 STAGECOACH TRAIL
WIMAUMA FL 33598

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1187037

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

JONNE L. Berning

Street Address (P.O. Box Number is Not Acceptable)

3316 Stagecoach TR

Wimauma FL

City

Wimauma

FL

Zip Code

33598

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BERNING, JONNE L
STREET ADDRESS 3316 STAGECOACH TRAIL
CITY-ST-ZIP WIMAUMA FL 33598

TITLE MGR ☐ Delete
NAME MULVEY, THOMAS K
STREET ADDRESS 3316 STAGECOACH TRAIL
CITY-ST-ZIP WIMAUMA FL 33598

TITLE S ☐ Delete
NAME MULVEY, THOMAS K
STREET ADDRESS 3316 STAGECOACH TRAIL
CITY-ST-ZIP WIMAUMA FL 33598

TITLE T ☐ Delete
NAME BERNING, JONNE L
STREET ADDRESS 3316 STAGECOACH TRAIL
CITY-ST-ZIP WIMAUMA FL 33598

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Jonne L. Berning

Jonne L. Berning

4/1/04

813-215-7959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #