

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041677

Entity Name: PRAGMATIC WORKS, LLC

FILED  
Mar 01, 2006  
Secretary of State

## Current Principal Place of Business:

10006 CROSS CREEK BOULEVARD  
SUITE 102  
TAMPA, FL 33647 US

## New Principal Place of Business:

## Current Mailing Address:

10006 CROSS CREEK BOULEVARD  
SUITE 102  
TAMPA, FL 33647 US

## New Mailing Address:

FEI Number: 20-0353850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSIDY, THOMAS E  
9172 HIGHLAND RIDGE WAY  
TAMPA, FL 33647 US

## 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/MANAGERS:

Title: MGRM ( ) Delete  
Name: CASSIDY, THOMAS  
Address: 9172 HIGHLAND RIDGE WAY  
City-St-Zip: TAMPA, FL 336472277

Title: MGRM ( ) Delete  
Name: CASSIDY, RITA M  
Address: 9172 HIGHLAND RIDGE WAY  
City-St-Zip: TAMPA, FL 336472277

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CASSIDY, THOMAS  
Address: 5747 RIVA RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 335446513

Title: MGRM (X) Change ( ) Addition  
Name: CASSIDY, RITA M  
Address: 5747 RIVA RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 335446513

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RITA M. CASSIDY

MGRM

03/01/2006

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