

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000004665

1. Entity Name  
PYN LOGIC LLC



Principal Place of Business  
9550 SHEPARD PLACE  
WELLINGTON, FL 33414

Mailing Address

9550 SHEPARD PLACE  
WELLINGTON, FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02202005 Chg-LLC CR2E083 (10/03)

4. FEI Number **86-1092947**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MULLIS, JAMES JOSEPH  
9550 SHEPARD PLACE  
WELLINGTON, FL 33414

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 remitting)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JAMES J. MULLIS 9550 SHEPARD PLACE WELLINGTON, FL 33414</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HERVE ROGGERO 21100 WHITE OAK AVE BOCA RATON FL, 33421</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

HERVE ROGGERO

3-9-05

561-482-6432

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

Date

Daytime Phone #

20024515



03-24-2005 90203 035 \*\*\*\*50.00