


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90123 040 ****50.00

DOCUMENT # L04000008490	
1. Entity Name ZYCLONE LLC	

Principal Place of Business 4711 126TH AVE NORTH SUITE B CLEARWATER, FL 33762 US	Mailing Address 4711 126TH AVE NORTH SUITE B CLEARWATER, FL 33762 US
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20053261



2. Principal Place of Business 4600 140th Ave N Suite 210 Clearwater FL	3. Mailing Address 9650 104th Ave N Largo FL
City & State Clearwater FL	City & State Largo FL
Zip 33762	Country USA
Zip 33773	Country USA

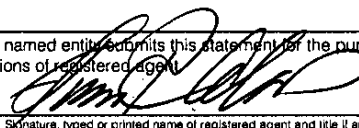
04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0709807	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CIBAS, JONAS R 4711 126TH AVE NORTH SUITE B CLEARWATER, FL 33762	7. Name and Address of New Registered Agent Name Jonas R Cibas Street Address (P.O. Box Number is Not Acceptable) 4600 140th Ave N Suite 210 City Clearwater FL Zip Code 33762
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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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/05

**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	MGRM CIBAS, JONAS R 4711 126TH AVE NORTH CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4600 140th Ave N Ste 210 Clearwater FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MABES, SUSAN L 4711 126TH AVE NORTH CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4600 140th Ave N Ste 210 Clearwater FL 33762
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
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

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

Date

Daytime Phone #

4/28/05