

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012563

Entity Name: DMITRIY GANTYUK, LLC

FILED  
Feb 15, 2005  
Secretary of State

## Current Principal Place of Business:

12121 CAPILLA LN  
NORTH PORT, FL 34287

## New Principal Place of Business:

2655 ASHLAND LANE  
NORTH PORT, FL 34286

## Current Mailing Address:

12121 CAPILLA LN  
NORTH PORT, FL 34287

## New Mailing Address:

2655 ASHLAND LANE  
NORTH PORT, FL 34286

FEI Number: 54-1475345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GANTYUK, DMITRIY  
12121 CAPILLA LN  
NORTH PORT, FL 34287 US

## Name and Address of New Registered Agent:

GANTYUK, DMITRIY  
2655 ASHLAND LANE  
NORTH PORT, FL 34287 US

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: GANTYUK DMITRIY

02/15/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: GANTYUK, DMITRIY  
Address: 12121 CAPILLA LN  
City-St-Zip: NORTH PORT, FL 34287

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: GANTYUK, PAVEL  
Address: 12121 CAPILLA LN  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GANTYUK DMITRIY

MGR

02/15/2005

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