

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000024589

**FILED**  
**Jan 27, 2005**  
**Secretary of State**

**Entity Name:** ON THE DOT PRO TECH SUPPORT LLC

**Current Principal Place of Business:**

1405 SHADE AVE  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

4504 SAN LUIS TERR  
NORTH PORT, FL 34286 US

**Current Mailing Address:**

1405 SHADE AVE  
SARASOTA, FL 34239 US

**New Mailing Address:**

4504 SAN LUIS TERR  
NORTH PORT, FL 34286 US

**FEI Number:** 06-1723211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IRELAND, ELLIOTT  
1405 SHADE AVE  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

IRELAND, ELLIOTT  
4504 SAN LUIS TERR  
NORTH PORT, FL 34286 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:

01/27/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: IRELAND, ELLIOTT  
Address: 1405 SHADE AVE  
City-St-Zip: SARASOTA, FL 34239 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: IRELAND, ELLIOTT  
Address: 4504 SAN LUIS TERR  
City-St-Zip: NORTH PORT, FL 34286 US

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: ELLIOTT IRELAND

MGR

01/27/2005

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