## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 02, 2005 8:00 am **DOCUMENT # L04000027940 Secretary of State** 02-02-2005 90156 012 \*\*\*\*50 00 GEEK GARAGE WEB SERVICES, LLC Principal Place of Business Mailing Address 13676 152ND ROAD NORTH 13676 152ND FOAD NORTH JUPITER PL 33478 US JUPITER, FL 33478 20006439 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. .01032005\_\_ Chg-LLC CR2E083 (10/03) City & State Applied For City & State Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 reinstating) DATE .... Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2005 9 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TET F ☐ Change ☐ Addition MALCHER, PAUL M NAME NAME STREET ADDRESS 13676 152ND ROAD NORTH STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP TITLE ☐ Delete IIII F ☐ Chance ☐ Addition LITWIN, CHRISTOPHER T NAME 12206 188TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CFTY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mir ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

FILED

Paytime Phone: 561-748-5857