## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032531

1. Entity Name STANDARD ANALYTICS, LLC



**FILED** Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

528 SAND CRANE CT BRADENTON, FL 34212 Mailing Address

**528 SAND CRANE CT** BRADENTON, FL 34212



02292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1067956

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

| 1819 MAIN ST STE. 610<br>SARASOTA, FL 34236 |   | DO NOT WRITE IN THIS SPACE  |
|---|---|---|
| 8. The above<br>the obliga                  | e named entity submits this statement for the purpose of chartions of registered agent. | nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE.                                  |   |   |
|   | Signature, typed or printed name of registered agent and title if applicable.           | (NOTE Registered Agent signature required when reinstating)  DATE   |
|   | E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75  MANAGING MEMBERS/MANAGERS      |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP       | MGRM VACCARO, HENRY S 528 SAND CRANE CT BRADENTON, FL 34212                             |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP       |   | 000000850175<br>04/02/08-80051-011 138.75   |
| TITLE                                       |   |   |

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

OR AUTHORIZED REPRESENTATIVE