

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90152 046 ****50.00

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03302007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000038040					
1. Entity Name SIMCATS, LLC.					
Principal Place of Business 122 EAST 4TH AVE MOUNT DORA, FL 32757			Mailing Address 1924 PINE BAY DRIVE LAKE MARY, FL 32746		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 122 EAST 4TH AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MOUNT DORA, FL 32757		4. FEI Number 06-1725822	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUSKIEWICH, THOMAS E 1924 PINE BAY DRIVE LAKE MARY, FL 32746			Name SUSKIEWICH, THOMAS E. Street Address (P.O. Box Number is Not Acceptable) 122 EAST 4TH AVENUE City MOUNT DORA FL Zip Code 32757		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUSKIEWICH, THOMAS E 1924 PINE BAY DRIVE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	122 EAST 4TH AVENUE MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUBREUIL, JOANN L 1924 PINE BAY DRIVE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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: X <i>Thomas Suskiewicz</i>			4-9-07		352-385-1307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #