

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90033 050 ****50.00

DOCUMENT # L04000038128

1. Entity Name

ACQUIRE TECHNOLOGIES, LLC



Principal Place of Business

155 CRYSTAL BEACH DRIVE
SUITE 131
DESTIN, FL 32541 US

Mailing Address

155 CRYSTAL BEACH DRIVE
SUITE 131
DESTIN, FL 32541 US

20029351



04052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-1142104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTLE, HARROLL DEAN
155 CRYSTAL BEACH DRIVE
SUITE 131
DESTIN, FL 32541

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CASTLE, HARROLL DEAN
STREET ADDRESS 155 CRYSTAL BEACH DRIVE SUITE 131
CITY-ST-ZIP DESTIN, FL 32541

TITLE MGRM
NAME CASTLE, HARROLL D
STREET ADDRESS 155 CRYSTAL BEACH DRIVE SUITE 131
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/8/06 850 654 4391