2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051487

1. Entity Name
CITEC FLORIDA, LLC

Principal Place of Business	Mailing Address
713 WEST RETTA ESPLANADE PUNTA GORDA, FL 33950	PO BOX 510993 PUNTA GORDA, FL 33951

DO NOT WRITE IN THIS SPACE

01172008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1343820	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULZ, MARTIN
713 WEST RETTA ESPLANADE
PUNTA GORDA, FL 33950

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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
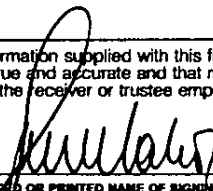
FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	SCHULZ, MARTIN	
STREET ADDRESS	713 W RETTA ESPLANADE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	MGR	
NAME	HARTL, FRANZ	
STREET ADDRESS	820 VIA ESPLANADE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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TITLE		
NAME		
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CITY-ST-ZIP		

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03/21/08-80041-016 138.75

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: _____   MARTIN SCHULZ   2/27/08   941-505-0482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #