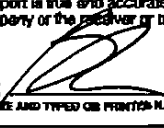


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90102 012 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000054059					
1. Entity Name INFINITY FORCE, LLC					
Principal Place of Business 434 BUTTONWOOD LANE LARGO, FL 33770 US			Mailing Address 434 BUTTONWOOD LANE LARGO, FL 33770 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent BROCKWELL, BARBARA 434 BUTTONWOOD LANE LARGO, FL 33770				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 filer if applicable NOTE: Registered Agent signature required when not relocating DATE					
Filing Fee is \$30.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 				4/27/05 727 518 0235	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

20052239



04272005 Chg-LLC CF2E083 (10/05)

4. FEI Number
20-1387926Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Requested

FL Zip Code