2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000068545

1. Entity Name

SAM GODWIN TECHNICAL SERVICES, LLC



FILED Jan 11, 2007 08:00 AN Secretary of State

Principal Place of Business 657 BEARD AVENUE SABASTIAN, FL 32958 Malling Address P.O. BOX 78099

SEBASTIAN, FL 32978-0999



DO NOT WRITE IN THIS SPACE

01062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1646594

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GODWIN, SAMUEL A 657 BEARD AVENUE SEBASTIAN, FL 32978

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ilons of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and fille if applicable.	(NOTE, Registered Agent signature required when reinstaking) DATE
		ALCO TO TEMPORED OF LIGHT SPECIAL CONTINUES.
D	lling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
title Name Street address City-St-Zip	MGRM GODWIN, SAMUEL A 657 BEARD AVENUE SEBASTIAN, FL 32958	//00000582151 01/11/07-80020-009 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		517 117 07 5000 503 503 503 503 503 503 503 503 50
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TITLE NAME STREET ADDRESS		

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:

CITY-ST-ZIP

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

1-6-07

772-321-0190

Date

Davisma Phone #