

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082119

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Entity Name:** CIN TECHNICAL LLC

**Current Principal Place of Business:**

7803 BLUE SPRING DRIVE  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

7803 BLUE SPRING DRIVE  
LAND O LAKES, FL 34639

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY, STE. 300  
TAMPA, FL 33637 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CHRISTOPHER, ERICKSON R  
Address: 3 LOWER MURPHY LANE  
City-St-Zip: GOODWILL, DOMINICA,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER ERICKSON                      MGR                      04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date