


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-27-2006 90072 037 ****50.00

EPDVNF0U\$ L05000015420 2/ Entity Name GUARDIAN IT SERVICES, LLC	
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Principal Place of Business 199 HARRISBURG ST. PORT CHARLOTTE, FL 33954	Mailing Address 199 HARRISBURG ST. PORT CHARLOTTE, FL 33954
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3/ Principal Place of Business	4/ Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01232006 Di h.MMD DS3F194J22016

5/ FEI Number 20-2339791	Applied For Not Applicable
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6/ Certificate of Status Desired <input type="checkbox"/>	7/11 Beejupobm Gf ISf r vjst e
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7/ Obn f lboe lBees f t t lpgDvaf ouSt hjt d d e lBhf ou

8/ Obn f lboe lBees f t t lpgDvaf ouSt hjt d d e lBhf ou

WARD, DAVID
199 HARRISBURG ST.
PORT CHARLOTTE, FL 33954

Name
Street Address (P.O. Box Number is Not Acceptable)
City
GM Zip Code

9/ 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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

Make check payable to
Florida Department of State

1/ MANAGING MEMBERS/MANAGERS

21/ ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

22/ 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.

T.HOBUSF: David A. Ward

1/24/06

T.HOBUSF BOE UZOFB P8 OBLDUE OBNF PGTJHOLH NROBLOH NFNCF8 NROBHF8 P8B8VU P8J FEISCFBFTFOUBUWF

Date Daytime Phone #



ATTACHMENT

30000947

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

GUARDIAN IT SERVICES, LLC
199 HARRISBURG ST.
PORT CHARLOTTE, FL 33954

Subject: GUARDIAN IT SERVICES, LLC

Reference Number: L05000015420

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter. ✓ gw

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION