

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90146 036 ****50.00

DOCUMENT # L05000026193

1. Entity Name
FLUID CONTROLS, LLC



Principal Place of Business

~~602 NORTH 34TH STREET~~
~~TAMPA, FL 33605~~

Mailing Address

~~602 NORTH 34TH STREET~~
~~TAMPA, FL 33605~~

20006239



2. Principal Place of Business

4101 CAUSEWAY BLVD

3. Mailing Address

4101 CAUSEWAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006

Chg-LLC

CR2E083 (11/05)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

20-2502696

Applied For

Not Applicable

Zip

33619

Country

Zip

33619

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFREY A. DOWD, P.A.
3016 US HIGHWAY 301 N, SUITE 900
TAMPA, FL 33619

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME RODRIGUEZ, LUIS F
STREET ADDRESS ~~602 NORTH 34TH STREET~~
CITY-ST-ZIP TAMPA, FL 33605

TITLE MGR ☐ Delete
NAME RAYMOND, MICHAEL G
STREET ADDRESS ~~602 NORTH 34TH STREET~~
CITY-ST-ZIP TAMPA, FL 33605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4101 CAUSEWAY BLVD**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **4101 CAUSEWAY BLVD**
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #