

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000040800

**FILED  
Feb 02, 2009  
Secretary of State**

**Entity Name:** SEATORQUE CONTROL SYSTEMS, LLC

**Current Principal Place of Business:**

TAURUS BUSINESS PARK  
2779 SE MONROE STREET  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

TAURUS BUSINESS PARK  
2779 SE MONROE STREET  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 86-1137795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STOLPER, PETER  
TAURUS BUSINESS PARK  
2779 SE MONROE STREET  
STUART, FL 34997 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/MANAGERS:**

Title: MMB      ( ) Delete  
Name: STOLPER, PETER  
Address: 2779 SE MONROE STREET  
City-St-Zip: STUART, FL 34997

**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 exemption stated in Chapter 119, 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: PETER STOLPER

MMB

02/02/2009

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