


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000055467 1. Entity Name SYSTEMS & ASSOCIATES LLC	
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Principal Place of Business 115 BAXTER LANE CRAWFORDVILLE, FL 32227-1830	Mailing Address 115 BAXTER LANE CRAWFORDVILLE, FL 32227-1830
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04242008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-7275324	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PFEUFER, ERIC W 115 BAXTER LANE CRAWFORDVILLE, FL 32227-1830

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PFEUFER, ERIC WAYNE 115 BAXTER LANE CRAWFORDVILLE, FL 322271830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNEIDER, DELL S 115 BAXTER LANE CRAWFORDVILLE, FL 322271830
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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/24/08 697-2660
Date Daytime Phone #