

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069543

FILED
May 01, 2008
Secretary of State

Entity Name: STS TECH LLC

Current Principal Place of Business:

55 DEEP WOODS WAY
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

4104 PIUTE LN
ORMOND BEACH, FL 32174 US

Current Mailing Address:

PO BOX 730249
ORMOND BEACH, FL 32173 US

New Mailing Address:

FEI Number: 20-3181524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VUCKOVICH, GEORGE
55 DEEP WOODS WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

VUCKOVICH, GEORGE
4104 PIUTE LN
ORMOND BEACH, FL 32174 US

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: GEORGE VUCKOVICH

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VUCKOVICH, GEORGE
Address: 55 DEEP WOODS WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: SIMMONS, AARON
Address: PO BOX 730249
City-St-Zip: ORMOND BEACH, FL 32173

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VUCKOVICH, GEORGE
Address: 4104 PIUTE LN
City-St-Zip: ORMOND BEACH, FL 32174

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: GEORGE VUCKOVICH

MGRM

05/01/2008

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